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Note: Appendices 2 and 4 contain their own Supplemental Information Table of Contents.

Appendix 1: Medicaid Trending for Cycle-Specific and National Rolling Error Rates

Table A1. Inception to Date Cycle-Specific Medicaid Improper Payment Component Error Rates¹

Year	FFS	Managed Care	Eligibility	Overall*
2007	4.7%			
2008	8.9%	3.1%	2.9%	10.5%
2009	2.6%	0.1%	6.7%	8.7%
2010	1.9%	0.1%	7.6%	9.0%
2011	3.6%	0.5%	4.0%	6.7%
2012	3.3%	0.3%	3.3%	5.8%
2013	3.4%	0.2%	3.3%	5.7%
2014	8.8%	0.1%	2.3%	8.2%

*The overall estimate is comprised of the weighted sum of the FFS and managed care components, plus the eligibility component, minus a small adjustment to account for the overlap between the claims and eligibility review functions. From 2007-2013, the cycle-specific rate is calculated using data from the 17 States sampled and projected to the national level. For 2014, the cycle-specific rate represents only the 17 States sampled.

Table A2. National Rolling Medicaid Improper Payment Component Error Rates

Year	FFS	Managed Care	Eligibility	Overall*
2010 Rolling Rates	4.4%	1.0%	5.9%	9.4%
2011 Rolling Rates	2.7%	0.3%	6.0%	8.1%
2012 Rolling Rates	3.0%	0.3%	4.9%	7.1%
2013 Rolling Rates	3.6%	0.3%	3.3%	5.8%
2014 Rolling Rates	5.1%	0.2%	3.1%	6.7%

*The overall estimate is comprised of the weighted sum of the FFS and managed care components, plus the eligibility component, minus a small adjustment to account for the overlap between the claims and eligibility review functions.

Appendix 2: Medicaid Supplemental Information

CMS reported a rolling error rate for Medicaid in 2014 based on the 51 states reviewed from 2012-2014. Unless otherwise noted, all tables and figures in Appendix 2 are based on the rolling rate.

¹ From 2007 to 2013, we report the natioanl error rate projected by 17 states. Starting from 2014, we report 17 states cycle rate.

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Medicaid Overpayments and Underpayments

Table S1. Summary of Medicaid Projected Improper Payments

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
FFS	1,096	19,377	\$2,355,397.7	\$650,612,007.2	\$15,926.1	\$314,482.7	5.1%	4.0% - 6.1%
FFS Medical Review	476	19,377	\$552,995.4	\$650,612,007.2	\$5,608.8	\$314,482.7	1.8%	1.4% - 2.2%
FFS Data Processing	639	19,377	\$1,809,742.3	\$650,612,007.2	\$10,831.3	\$314,482.7	3.4%	2.5% - 4.4%
Managed Care	94	9,521	\$28,242.4	\$8,747,130.0	\$265.2	\$123,543.8	0.2%	0.1% - 0.4%
Eligibility	1,054	25,914	\$419,948.2	\$13,922,896.8	\$13,599.3	\$438,026.5	3.1%	2.2% - 4.0%
Total	2,244	54,812	\$2,803,588.2	\$673,282,034.0	\$29,287.9	\$438,026.5	6.7%	5.5% - 7.8%
Note: Details do not always	sum to the tot	al due to rour	nding.					

Table S2. Summary of Projected Medicaid Overpayments

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
FFS	1,034	19,377	\$2,327,577.0	\$650,612,007.2	\$15,106.4	\$314,482.7	4.8%	3.8% - 5.8%
FFS Medical Review	468	19,377	\$529,401.9	\$650,612,007.2	\$5,565.8	\$314,482.7	1.8%	1.4% - 2.1%
FFS Data Processing	585	19,377	\$1,805,515.2	\$650,612,007.2	\$10,054.6	\$314,482.7	3.2%	2.3% - 4.1%
Managed Care	32	9,521	\$27,404.2	\$8,747,130.0	\$261.1	\$123,543.8	0.2%	0.1% - 0.4%
Eligibility	1,009	25,914	\$414,366.4	\$13,922,896.8	\$13,195.4	\$438,026.5	3.0%	2.1% - 4.0%
Total	2,075	54,812	\$2,769,347.7	\$673,282,034.0	\$28,100.0	\$438,026.5	6.4%	5.3% - 7.5%
Note: Details do not always	sum to the tot	al due to rour	nding.					•

Table S3. Summary of Projected Medicaid Underpayments

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
FFS	62	19,377	\$27,820.6	\$650,612,007.2	\$819.7	\$314,482.7	0.3%	(0.1%) - 0.6%
FFS Medical Review	8	19,377	\$23,593.5	\$650,612,007.2	\$43.1	\$314,482.7	0.0%	0.0% - 0.0%
FFS Data Processing	54	19,377	\$4,227.1	\$650,612,007.2	\$776.6	\$314,482.7	0.2%	(0.1%) - 0.6%
Managed Care	62	9,521	\$838.1	\$8,747,130.0	\$4.1	\$123,543.8	0.0%	0.0% - 0.0%
Eligibility	45	25,914	\$5,581.7	\$13,922,896.8	\$403.8	\$438,026.5	0.1%	0.0% - 0.2%
Total	169	54,812	\$34,240.5	\$673,282,034.0	\$1,226.9	\$438,026.5	0.3%	0.0% - 0.5%
Note: Details do not always	sum to the tot	al due to rour	nding.		•			

Medicaid FFS Component Payment Error Rate

Table S4. Medicaid FFS Medical Review and Data Processing Payment Error Rates by State

	М	edical Review	7	Γ	Oata Processing		FFS		
State	Number of Sample Errors	Sample Dollars in Error	Error Rate	Number of Sample Errors	Sample Dollars in Error	Error Rate	Sample Paid Amount	Error Rate	
National	476	\$552,995.4	1.8%	639	\$1,809,742.3	3.4%	\$650,612,007.2	5.1%	
ST1	13	\$1,043.4	2.7%	24	\$137,135.4	15.4%	\$788,520.6	18.1%	
ST2	2	\$60.6	0.1%	17	\$14,548.7	17.9%	\$491,820.7	18.0%	
ST3	13	\$936.0	2.6%	29	\$99,407.4	15.2%	\$469,941.7	17.8%	
ST4	11	\$3,412.8	9.1%	22	\$12,909.4	8.6%	\$155,472.9	17.7%	
ST5	17	\$9,878.5	16.5%	0	\$0.0	0.0%	\$341,268.3	16.5%	
ST6	5	\$4,345.9	1.8%	63	\$29,994.3	12.7%	\$245,411.4	14.3%	
ST7	29	\$105,747.6	7.8%	22	\$21,338.5	7.2%	\$3,972,914.8	13.2%	
ST8	7	\$2,046.9	11.0%	31	\$968.7	0.9%	\$172,272.3	11.9%	
ST9	2	\$23.9	0.1%	18	\$30,421.4	11.7%	\$198,955.9	11.8%	
ST10	9	\$923.1	1.5%	41	\$20,036.9	10.7%	\$391,570.6	11.2%	

	Medical Review			D	ata Processing			
State	Number of Sample Errors	Sample Dollars in Error	Error Rate	Number of Sample Errors	Sample Dollars in Error	Error Rate	Sample Paid Amount	FFS Error Rate
ST11	10	\$679.9	1.8%	53	\$148,511.4	9.3%	\$905,762.2	11.1%
ST12	17	\$551.9	2.5%	17	\$36,154.4	9.7%	\$207,175.8	11.1%
ST13	23	\$32,176.0	8.1%	12	\$864,301.9	2.2%	\$50,822,755.2	10.3%
ST14	16	\$6,564.1	5.4%	25	\$22,523.0	4.8%	\$259,270.9	10.2%
ST15	17	\$8,075.1	8.2%	9	\$856.3	1.0%	\$215,433.1	9.2%
ST16	11	\$4,418.5	5.4%	6	\$6,692.3	4.9%	\$305,068.2	7.7%
ST17	10	\$448.1	1.8%	8	\$694.3	5.1%	\$66,243.4	6.9%
ST18	2	\$18.8	0.0%	16	\$18,666.2	6.3%	\$218,090.1	6.3%
ST19	10	\$54,002.7	5.0%	5	\$40,430.2	1.1%	\$1,442,647.1	6.0%
ST20	1	\$252.6	1.5%	12	\$8,965.0	4.3%	\$238,659.5	5.8%
ST21	6	\$1,067.7	0.8%	15	\$5,567.8	4.8%	\$276,904.8	5.6%
ST22	19	\$37,698.6	5.2%	2	\$4.4	0.0%	\$1,045,614.5	5.2%
ST23	13	\$1,909.9	2.2%	31	\$37,278.0	2.6%	\$1,274,463.9	4.5%
ST24	17	\$21,787.3	4.0%	4	\$87.5	0.3%	\$434,396.9	4.4%
ST25	7	\$10,201.0	1.4%	2	\$190.5	2.7%	\$2,659,056.7	4.1%
ST26	6	\$5,326.2	4.0%	3	\$150.0	0.0%	\$1,065,956.2	4.0%
ST27	4	\$12,151.0	1.9%	28	\$7,700.8	2.1%	\$239,443.6	4.0%
ST28	12	\$22,889.3	3.1%	4	\$644.8	0.8%	\$1,305,909.7	3.9%
ST29	0	\$0.0	0.0%	9	\$201,415.8	3.4%	\$4,192,526.4	3.4%
ST30	9	\$9,798.0	2.1%	2	\$213.3	1.4%	\$200,416.9	3.4%
ST31	20	\$36,582.5	3.2%	0	\$0.0	0.0%	\$1,346,874.0	3.2%
ST32	18	\$36,727.1	2.9%	12	\$3,709.1	0.1%	\$4,067,344.1	3.0%
ST33	6	\$19,968.3	1.2%	13	\$30,240.2	1.6%	\$1,580,596.0	2.8%
ST34	1	\$54.3	0.3%	19	\$3,240.4	2.4%	\$192,491.3	2.7%
ST35	7	\$11,028.3	2.7%	1	\$4.0	0.0%	\$721,079.3	2.7%
ST36	4	\$7,316.1	2.3%	0	\$0.0	0.0%	\$337,425.3	2.3%
ST37	4	\$523.5	2.0%	1	\$57.8	0.3%	\$280,557.3	2.2%
ST38	8	\$797.4	1.7%	4	\$171.7	0.4%	\$554,588,854.1	2.1%
ST39	11	\$2,833.2	1.7%	13	\$415.3	0.3%	\$343,381.7	2.0%

	M	edical Review	7	D	ata Processing		FFS	
State	Number of Sample Errors	Sample Dollars in Error	Error Rate	Number of Sample Errors	Sample Dollars in Error	Error Rate	Sample Paid Amount	Error Rate
ST40	26	\$18,824.4	1.5%	11	\$525.3	0.4%	\$918,309.5	1.8%
ST41	15	\$18,958.4	1.6%	3	\$101.6	0.1%	\$3,441,314.1	1.7%
ST42	4	\$118.9	1.3%	3	\$39.9	0.1%	\$350,341.8	1.4%
ST43	7	\$7,457.7	1.4%	0	\$0.0	0.0%	\$475,998.2	1.4%
ST44	5	\$609.5	1.4%	1	\$1,564.3	0.0%	\$1,003,421.5	1.4%
ST45	4	\$13,087.6	1.2%	2	\$362.7	0.1%	\$2,506,197.4	1.2%
ST46	4	\$6,944.4	0.6%	14	\$1,229.9	0.3%	\$628,397.0	0.9%
ST47	6	\$6,604.5	0.8%	1	\$3.0	0.0%	\$1,919,593.4	0.8%
ST48	1	\$42.5	0.5%	2	\$6.5	0.1%	\$323,484.9	0.6%
ST49	5	\$5,769.7	0.4%	3	\$41.3	0.0%	\$512,035.5	0.4%
ST50	1	\$294.0	0.3%	0	\$0.0	0.0%	\$194,993.1	0.3%
ST51	1	\$17.6	0.0%	6	\$221.0	0.2%	\$275,373.1	0.2%

Medicaid FFS Payment Errors by Type of Error

Table S5. Summary of Medicaid FFS Projected Dollars by Type of Error

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	448	\$617,568.7	\$622,388.5	\$7,401.3	\$5,077.7	\$9,724.8
Insufficient Documentation	197	\$188,025.2	\$188,025.2	\$2,322.0	\$1,812.6	\$2,831.5
Logic Edit	19	\$176,325.2	\$176,553.7	\$1,947.2	\$896.4	\$2,998.0
Policy Violation	66	\$89,574.5	\$92,961.2	\$1,079.9	\$670.6	\$1,489.1
No Documentation	109	\$57,216.2	\$57,216.2	\$970.5	\$662.3	\$1,278.7
Number of Unit(s) Error	48	\$88,756.4	\$321,655.0	\$582.0	-\$16.0	\$1,180.1
Admin/Other	32	\$30,064.8	\$30,363.5	\$431.9	\$148.1	\$715.7
Data Entry Error	2	\$902.4	\$1.5	\$339.7	-\$219.6	\$899.0

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Pricing Error	107	\$890,268.3	\$4,745,687.8	\$287.4	\$39.3	\$535.5
Diagnosis Coding Error	20	\$118,603.6	\$318,934.4	\$199.7	\$82.7	\$316.8
Third-party Liability	10	\$6,316.4	\$28,362.1	\$142.1	\$18.7	\$265.6
FFS Claim for Managed Care Service	15	\$87,631.1	\$87,631.1	\$134.7	\$1.8	\$267.7
Procedure Coding Error	9	\$593.8	\$753.3	\$61.7	\$13.3	\$110.1
Duplicate Item	9	\$864.1	\$10,936.7	\$19.2	-\$4.3	\$42.8
Medically Unnecessary	4	\$2,683.1	\$4,236.4	\$5.2	-\$0.4	\$10.7
Unbundling	1	\$3.8	\$3.8	\$1.4	N/A	N/A
Total	1,096	\$2,355,397.7	\$650,612,007.2	\$15,926.1	\$13,121.1	\$18,731.2
Note: Details do not always sum to the total d	ue to rounding	ζ.		1	1	1

Medicaid FFS Medical Review Payment Errors

Table S6. Summary of Medicaid FFS Medical Review Overall Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)				
Insufficient Documentation	197	\$188,025.2	\$188,025.2	\$2,322.0	\$1,812.6	\$2,831.5				
Policy Violation	66	\$89,574.5	\$92,961.2	\$1,079.9	\$670.6	\$1,489.1				
No Documentation	109	\$57,214.1	\$57,216.2	\$970.5	\$662.3	\$1,278.7				
Number of Unit(s) Error	48	\$88,426.4	\$321,655.0	\$578.8	-\$19.2	\$1,176.8				
Admin/Other	22	\$7,871.0	\$8,169.6	\$389.5	\$107.6	\$671.4				
Diagnosis Coding Error	20	\$118,603.6	\$318,934.4	\$199.7	\$82.7	\$316.8				
Procedure Coding Error	9	\$593.8	\$753.3	\$61.7	\$13.3	\$110.1				
Medically Unnecessary	4	\$2,683.1	\$4,236.4	\$5.2	-\$0.4	\$10.7				
Unbundling	1	\$3.8	\$3.8	\$1.4	N/A	N/A				
Total	476	\$552,995.4	\$650,612,007.2	\$5,608.8	\$4,625.3	\$6,592.4				
Note: Details do not always sum to	Note: Details do not always sum to the total due to rounding.									

Table S7. Summary of Medicaid FFS Medical Review Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Insufficient Documentation	197	\$188,025.2	\$188,025.2	\$2,322.0	\$1,812.6	\$2,831.5
Policy Violation	66	\$89,574.5	\$92,961.2	\$1,079.9	\$670.6	\$1,489.1
No Documentation	109	\$57,214.1	\$57,216.2	\$970.5	\$662.3	\$1,278.7
Number of Unit(s) Error	48	\$88,426.4	\$321,655.0	\$578.8	-\$19.2	\$1,176.8
Admin/Other	22	\$7,871.0	\$8,169.6	\$389.5	\$107.6	\$671.4
Diagnosis Coding Error	14	\$95,053.5	\$318,934.4	\$160.3	\$48.7	\$271.9
Procedure Coding Error	7	\$550.4	\$753.3	\$58.1	\$9.9	\$106.3
Medically Unnecessary	4	\$2,683.1	\$4,236.4	\$5.2	-\$0.4	\$10.7
Unbundling	1	\$3.8	\$3.8	\$1.4	N/A	N/A
Total	468	\$529,401.9	\$650,612,007.2	\$5,565.8	\$4,582.7	\$6,548.8
Note: Details do not always sum to	the total due	to rounding.				

Table S8. Summary of Medicaid FFS Medical Review Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Diagnosis Coding Error	6	\$23,550.1	\$318,934.4	\$39.5	\$4.3	\$74.6
Procedure Coding Error	2	\$43.4	\$753.3	\$3.6	-\$0.6	\$7.8
Admin/Other	0	\$0.0	\$8,169.6	\$0.0	\$0.0	\$0.0
Insufficient Documentation	0	\$0.0	\$188,025.2	\$0.0	\$0.0	\$0.0
Medically Unnecessary	0	\$0.0	\$4,236.4	\$0.0	\$0.0	\$0.0
No Documentation	0	\$0.0	\$57,216.2	\$0.0	\$0.0	\$0.0
Number of Unit(s) Error	0	\$0.0	\$321,655.0	\$0.0	\$0.0	\$0.0
Policy Violation	0	\$0.0	\$92,961.2	\$0.0	\$0.0	\$0.0
Unbundling	0	\$0.0	\$3.8	\$0.0	N/A	N/A
Total	8	\$23,593.5	\$650,612,007.2	\$43.1	\$7.7	\$78.5
Note: Details do not always sum to	the total due t	o rounding.				

Medical Review Payment Errors: Insufficient Documentation

Table S9. Specific Causes of "Insufficient Documentation" Error

Cause of Error	Number of Sample Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Provider did not supply sufficient documentation to support the claim	84	\$92,036.0	\$1,038.6	\$979.3	\$1,097.9
No response to request for additional documents	47	\$34,444.1	\$554.3	\$542.2	\$566.3
Medical records do not contain the provider's order	19	\$27,574.2	\$322.2	\$292.5	\$351.9
Medical records do not contain daily documentation of specific tasks performed on sampled DOS	16	\$2,348.5	\$135.1	\$109.6	\$160.6
Provider did not supply a valid prescription	2	\$111.2	\$76.3	\$76.3	\$76.3
Medical records do not contain the service plan	7	\$2,751.1	\$73.5	\$44.7	\$102.3
Evidence recipient present on DOS missing from submitted documentation	2	\$94.5	\$40.7	\$40.7	\$40.7
The Individual Plan was provided but was not applicable to the sampled DOS	9	\$24,950.7	\$39.3	\$31.9	\$46.7
Pharmacy signature log not provided	5	\$297.7	\$18.5	\$14.0	\$23.0
Required progress notes applicable to DOS sampled not provided	3	\$2,877.1	\$10.9	\$10.9	\$10.9
No Attendance log/census provided	1	\$19.2	\$6.0	N/A	N/A
Face to face assessment documentation not provided	1	\$507.9	\$5.9	N/A	N/A
Required signed timesheet not provided	1	\$13.1	\$1.0	N/A	N/A
Total	197	\$188,025.2	\$2,322.0	\$2,259.4	\$2,384.7
Note: Details do not always sum to the total due to rounding.					

Medical Review Payment Errors: Policy Violation

Table S10. Specific Causes of "Policy Violation" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Documentation does not meet the State policy requirements for the service performed	53	\$72,274.2	\$793.5	\$667.1	\$920.0
Required provider signature and/or credentials not provided	8	\$17,099.3	\$268.0	\$268.0	\$268.0
Required record of recipient acceptance or refusal of medication counseling not available	2	\$26.0	\$16.1	\$16.1	\$16.1
Other	2	\$164.1	\$2.0	\$2.0	\$2.0
Required supervision documentation not provided	1	\$11.0	\$0.2	N/A	N/A
Total	66	\$89,574.5	\$1,079.9	\$953.5	\$1,206.3
Note: Details do not always sum to the total due to rounding.		•			

Medical Review Payment Errors: No Documentation

Table S11. Specific Causes of "No Documentation" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Provider did not respond to the request for records	80	\$51,394.7	\$772.6	\$753.2	\$791.9
Provider under fraud investigation	2	\$36.6	\$51.3	\$51.3	\$51.3
Provider states recipient not seen on sampled DOS	9	\$480.4	\$48.0	\$30.7	\$65.3
Provider out of business/retired and record is not available	4	\$4,191.5	\$43.9	\$43.9	\$43.9
State could not locate provider	4	\$221.6	\$27.2	\$27.0	\$27.4
Provider did not have patient on file or in their system	6	\$308.9	\$15.8	\$15.8	\$15.8
Provider cannot locate record	2	\$292.5	\$10.7	-\$5.6	\$27.0
Other	1	\$142.4	\$0.6	N/A	N/A
Provider did not document the encounter	1	\$145.6	\$0.5	N/A	N/A
Total	109	\$57,214.1	\$970.5	\$947.4	\$993.6
Note: Details do not always sum to the total due to rounding.					

Medicaid FFS Medical Review Errors by Service Type

Table S12. Medicaid FFS Medical Review Error by Service Type

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
Prescribed Drugs	63	1,764	\$7,737.7	\$930,381.4	\$1,009.7	\$30,600.5	3.3%	1.8% - 4.8%
Personal Support Services	59	1,255	\$46,349.1	\$1,388,887.8	\$958.5	\$35,652.3	2.7%	0.6% - 4.8%
Nursing Facility, Intermediate Care Facilities	46	1,982	\$173,585.2	\$8,439,403.7	\$909.8	\$64,890.1	1.4%	0.7% - 2.1%
Habilitation and Waiver Programs, School Services	84	1,925	\$68,894.8	\$2,442,938.8	\$556.8	\$28,308.2	2.0%	1.3% - 2.6%
Physicians and Other Licensed Practitioner Services	33	837	\$5,965.5	\$151,392.0	\$426.3	\$11,436.6	3.7%	1.3% - 6.1%
Outpatient Hospital Services and Clinics	32	1,319	\$7,502.9	\$617,053.4	\$392.3	\$13,228.8	3.0%	1.8% - 4.1%
Inpatient and Outpatient Hospital	37	2,215	\$165,329.2	\$21,408,828.9	\$252.6	\$40,648.5	0.6%	0.3% - 1.0%
ICF for the Mentally Retarded and Group Homes	11	387	\$35,868.7	\$5,091,653.8	\$251.8	\$10,809.8	2.3%	1.3% - 3.4%
Psychiatric, Mental Health, and Behavioral Health Services	33	1,043	\$25,752.2	\$2,325,498.4	\$241.1	\$17,223.7	1.4%	0.6% - 2.2%
Transportation and Accommodations	18	273	\$581.8	\$57,887.5	\$182.1	\$3,757.3	4.8%	0.0% - 9.7%
Durable Medical Equipment (DME) and Supplies, Prosthetic/Orthopedic Devices and Environmental Modifications	12	294	\$2,525.9	\$118,562.8	\$154.5	\$3,391.2	4.6%	2.9% - 6.2%
Dental and Other Oral Surgery Services	21	588	\$2,703.8	\$62,938.6	\$78.2	\$6,995.6	1.1%	0.7% - 1.5%
Therapies, Hearing and Rehabilitation Services	2	82	\$134.0	\$5,287.9	\$63.8	\$972.6	6.6%	6.1% - 7.0%
Laboratory, X-ray and Imaging Services	17	425	\$624.4	\$13,590.7	\$42.2	\$1,759.6	2.4%	0.3% - 4.5%
Home Health Services	4	298	\$600.5	\$96,904.6	\$31.1	\$10,271.2	0.3%	0.0% - 0.6%

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
Hospice Services	1	70	\$8,750.3	\$201,852.2	\$29.6	\$1,773.7	1.7%	1.3% - 2.0%
Vision: Ophthalmology, Optometry and Optical Services	3	88	\$89.3	\$3,017.6	\$28.5	\$456.6	6.2%	5.9% - 6.6%
Capitated Care/Fixed Payments	0	2,203	\$0.0	\$607,029,288.7	\$0.0	\$24,614.7	0.0%	0.0% - 0.0%
Crossover Claims	0	731	\$0.0	\$226,638.1	\$0.0	\$7,691.8	0.0%	0.0% - 0.0%
Denied Claims	0	1,598	\$0.0	\$0.0	\$0.0	\$0.0	N/A	N/A
Total	476	19,377	\$552,995.4	\$650,612,007.2	\$5,608.8	\$314,482.7	1.8%	1.4% - 2.2%

Note: Details do not always sum to the total due to rounding.

Medicaid FFS Data Processing Payment Errors

Table S13. Summary of Medicaid FFS Data Processing Overall Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	460	\$623,853.5	\$628,673.2	\$7,891.6	\$5,492.1	\$10,291.2
Logic Edit	22	\$176,847.7	\$177,076.2	\$1,968.5	\$917.4	\$3,019.6
Data Entry Error	2	\$902.4	\$1.5	\$339.7	-\$219.6	\$899.0
Pricing Error	110	\$890,638.3	\$4,756,892.2	\$287.9	\$39.8	\$536.0
Third-party Liability	10	\$6,316.4	\$28,362.1	\$142.1	\$18.7	\$265.6
FFS Claim for Managed Care Service	15	\$87,631.1	\$87,631.1	\$134.7	\$1.8	\$267.7
Admin/Other	11	\$22,688.9	\$22,688.9	\$47.4	\$13.8	\$81.1
Duplicate Item	9	\$864.1	\$10,936.7	\$19.2	-\$4.3	\$42.8
Total	639	\$1,809,742.3	\$650,612,007.2	\$10,831.3	\$8,135.1	\$13,527.5
Note: Details do not always sum to the total	l due to round	ing.				

Table S14. Summary of Medicaid FFS Data Processing Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	460	\$623,853.5	\$628,673.2	\$7,891.6	\$5,492.1	\$10,291.2
Logic Edit	20	\$176,742.7	\$177,076.2	\$1,553.8	\$709.9	\$2,397.6
Pricing Error	60	\$887,464.0	\$4,756,892.2	\$267.5	\$19.9	\$515.2
Third-party Liability	9	\$6,270.9	\$28,362.1	\$140.3	\$16.9	\$263.7
FFS Claim for Managed Care Service	15	\$87,631.1	\$87,631.1	\$134.7	\$1.8	\$267.7
Admin/Other	11	\$22,688.9	\$22,688.9	\$47.4	\$13.8	\$81.1
Duplicate Item	9	\$864.1	\$10,936.7	\$19.2	-\$4.3	\$42.8
Data Entry Error	1	\$0.0	\$1.5	\$0.0	N/A	N/A
Total	585	\$1,805,515.2	\$650,612,007.2	\$10,054.6	\$7,492.7	\$12,616.6
Note: Details do not always sum to the total	l due to round	ing.				

Table S15. Summary of Medicaid FFS Data Processing Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Logic Edit	2	\$105.0	\$177,076.2	\$414.7	-\$212.0	\$1,041.4
Data Entry Error	1	\$902.4	\$1.5	\$339.7	N/A	N/A
Pricing Error	50	\$3,174.3	\$4,756,892.2	\$20.4	\$4.8	\$35.9
Third-party Liability	1	\$45.5	\$28,362.1	\$1.8	N/A	N/A
Admin/Other	0	\$0.0	\$22,688.9	\$0.0	\$0.0	\$0.0
Duplicate Item	0	\$0.0	\$10,936.7	\$0.0	\$0.0	\$0.0
FFS Claim for Managed Care Service	0	\$0.0	\$87,631.1	\$0.0	\$0.0	\$0.0
Non-covered Service	0	\$0.0	\$628,673.2	\$0.0	\$0.0	\$0.0
Total	54	\$4,227.1	\$650,612,007.2	\$776.6	-\$63.5	\$1,616.8
Note: Details do not always sum to the total	l due to round	ing				•

Note: Details do not always sum to the total due to rounding.

Data Processing Payment Errors: Non-covered Service

Table S16. Specific Causes of "Non-covered Service" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Provider not enrolled in Medicaid/CHIP	47	\$139,345.2	\$1,594.3	\$843.1	\$2,345.5
Referring/ordering provider not enrolled	64	\$10,739.1	\$1,572.9	\$742.1	\$2,403.8
Prior authorization required or not current for DOS	11	\$4,029.7	\$1,546.3	\$1,544.0	\$1,548.6
Attending or rendering provider required but not listed on institutional claim	80	\$277,186.0	\$1,329.2	\$1,095.7	\$1,562.7
New provider not enrolled using ACA risk-based criteria	108	\$129,716.3	\$951.5	\$568.8	\$1,334.3
Referring/ordering provider required but not listed on claim	71	\$4,005.3	\$373.9	\$260.3	\$487.6
Other	39	\$34,843.4	\$312.2	\$200.2	\$424.2
Recipient not eligible for applicable program on DOS	36	\$8,092.3	\$177.4	\$172.1	\$182.7
HB-Services not approved by Service Plan	1	\$85.3	\$26.3	N/A	N/A
Required provider license not current for DOS	2	\$15,795.9	\$6.2	-\$2.3	\$14.8
CLIA certification not current for DOS	1	\$15.1	\$1.3	N/A	N/A
Total	460	\$623,853.5	\$7,891.6	\$6,689.4	\$9,093.9
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: Logic Edit

Table S17. Specific Causes of "Logic Edit" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
System edit should have stopped payment	15	\$176,208.5	\$1,518.3	\$1,499.3	\$1,537.2
Denial reason not supported in policy	1	\$80.0	\$379.0	N/A	N/A
Other	1	\$25.0	\$35.7	N/A	N/A
Edit was turned off	5	\$534.3	\$35.5	\$35.5	\$35.5
Total	22	\$176,847.7	\$1,968.5	\$1,949.6	\$1,987.4
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: Data Entry Error

Table S18. Specific Causes of "Data Entry Error" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Other	1	\$902.4	\$339.7	N/A	N/A
Rates incorrectly entered into rate file in system	1	\$0.0	\$0.0	N/A	N/A
Total	2	\$902.4	\$339.7	\$339.7	\$339.7
Note: Details do not always sum to the total due to rounding.					

Medicaid FFS Data Processing Errors by Service Type

Table S19. Medicaid FFS Data Processing Error by Service Type

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
Nursing Facility, Intermediate Care Facilities	87	1,982	\$302,773.2	\$8,439,403.7	\$2,201.8	\$64,890.1	3.4%	1.8% - 5.0%
Prescribed Drugs	84	1,764	\$11,243.4	\$930,381.4	\$1,796.8	\$30,600.5	5.9%	2.4% - 9.4%
Personal Support Services	19	1,255	\$3,519.2	\$1,388,887.8	\$1,667.2	\$35,652.3	4.7%	(1.5%) - 10.8%
Outpatient Hospital Services and Clinics	31	1,319	\$5,457.9	\$617,053.4	\$978.6	\$13,228.8	7.4%	2.5% - 12.3%
Psychiatric, Mental Health, and Behavioral Health Services	31	1,043	\$48,101.1	\$2,325,498.4	\$972.1	\$17,223.7	5.6%	2.3% - 9.0%
Denied Claims	4	1,598	\$1,052.9	\$0.0	\$756.3	\$0.0	N/A	N/A
Inpatient and Outpatient Hospital	104	2,215	\$295,977.9	\$21,408,828.9	\$560.7	\$40,648.5	1.4%	0.9% - 1.9%
Dental and Other Oral Surgery Services	31	588	\$2,536.7	\$62,938.6	\$509.8	\$6,995.6	7.3%	5.7% - 8.9%
ICF for the Mentally Retarded and Group Homes	16	387	\$234,321.4	\$5,091,653.8	\$326.2	\$10,809.8	3.0%	(1.2%) - 7.2%
Home Health Services	13	298	\$1,004.0	\$96,904.6	\$213.5	\$10,271.2	2.1%	0.3% - 3.9%
Crossover Claims	32	731	\$7,945.4	\$226,638.1	\$197.5	\$7,691.8	2.6%	0.7% - 4.4%
Laboratory, X-ray and Imaging Services	53	425	\$1,795.6	\$13,590.7	\$150.2	\$1,759.6	8.5%	5.0% - 12.1%
Durable Medical Equipment (DME) and Supplies, Prosthetic/Orthopedic Devices and Environmental Modifications	31	294	\$2,096.1	\$118,562.8	\$131.5	\$3,391.2	3.9%	2.1% - 5.7%
Capitated Care/Fixed Payments	39	2,203	\$880,947.0	\$607,029,288.7	\$126.1	\$24,614.7	0.5%	0.1% - 1.0%
Habilitation and Waiver Programs, School Services	37	1,925	\$9,051.8	\$2,442,938.8	\$124.0	\$28,308.2	0.4%	0.2% - 0.7%

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
Physicians and Other Licensed Practitioner Services	13	837	\$1,527.0	\$151,392.0	\$100.0	\$11,436.6	0.9%	0.6% - 1.2%
Therapies, Hearing and Rehabilitation Services	1	82	\$42.6	\$5,287.9	\$10.0	\$972.6	1.0%	1.0% - 1.1%
Transportation and Accommodations	8	273	\$323.9	\$57,887.5	\$4.4	\$3,757.3	0.1%	0.0% - 0.2%
Vision: Ophthalmology, Optometry and Optical Services	2	88	\$25.0	\$3,017.6	\$4.4	\$456.6	1.0%	0.9% - 1.1%
Hospice Services	3	70	\$0.3	\$201,852.2	\$0.0	\$1,773.7	0.0%	0.0% - 0.0%
Total	639	19,377	\$1,809,742.3	\$650,612,007.2	\$10,831.3	\$314,482.7	3.4%	2.5% - 4.4%

Note: Details do not always sum to the total due to rounding.

Medicaid Managed Care Component Payment Error Rate

Table S20. Medicaid Managed Care Data Processing Payment Error Rates by State

State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI
National	94	\$28,242.4	\$8,747,130.0	0.2%	0.1% - 0.4%
ST1	3	\$9,080.0	\$261,911.0	1.7%	(0.2%) - 3.7%
ST2	2	\$445.1	\$204,870.2	1.1%	(0.4%) - 2.6%
ST3	30	\$520.4	\$167,338.1	1.0%	(0.4%) - 2.4%
ST4	3	\$1,083.5	\$127,937.5	0.9%	(0.3%) - 2.2%
ST5	2	\$1,187.5	\$182,404.1	0.9%	(0.3%) - 2.1%
ST6	2	\$424.5	\$260,912.3	0.8%	(0.3%) - 2.0%
ST7	41	\$2,846.2	\$225,462.4	0.8%	(0.0%) - 1.6%
ST8	1	\$263.6	\$292,633.1	0.5%	(0.5%) - 1.6%
ST9	1	\$5,579.0	\$346,634.8	0.5%	(0.5%) - 1.5%
ST10	1	\$153.1	\$188,268.6	0.4%	(0.4%) - 1.2%
ST11	1	\$6,500.4	\$302,004.3	0.4%	(0.3%) - 1.1%
ST12	5	\$6.9	\$162,983.7	0.1%	0.0% - 0.1%
ST13	1	\$101.1	\$231,106.5	0.0%	(0.0%) - 0.1%
ST14	1	\$51.2	\$448,543.3	0.0%	(0.0%) - 0.0%
ST15	0	\$0.0	\$247,129.1	0.0%	0.0% - 0.0%
ST16	0	\$0.0	\$211,846.8	0.0%	0.0% - 0.0%
ST17	0	\$0.0	\$77,995.4	0.0%	0.0% - 0.0%
ST18	0	\$0.0	\$308,745.2	0.0%	0.0% - 0.0%
ST19	0	\$0.0	\$127,802.7	0.0%	0.0% - 0.0%
ST20	0	\$0.0	\$416,213.6	0.0%	0.0% - 0.0%
ST21	0	\$0.0	\$4,306.2	0.0%	0.0% - 0.0%
ST22	0	\$0.0	\$107,281.4	0.0%	0.0% - 0.0%
ST23	0	\$0.0	\$13,737.4	0.0%	0.0% - 0.0%
ST24	0	\$0.0	\$173,478.4	0.0%	0.0% - 0.0%
ST25	0	\$0.0	\$160,030.7	0.0%	0.0% - 0.0%
ST26	0	\$0.0	\$511,274.9	0.0%	0.0% - 0.0%
ST27	0	\$0.0	\$254,982.3	0.0%	0.0% - 0.0%
ST28	0	\$0.0	\$181,065.3	0.0%	0.0% - 0.0%

State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI
ST29	0	\$0.0	\$178,188.7	0.0%	0.0% - 0.0%
ST30	0	\$0.0	\$292,069.1	0.0%	0.0% - 0.0%
ST31	0	\$0.0	\$343,200.7	0.0%	0.0% - 0.0%
ST32	0	\$0.0	\$350,638.3	0.0%	0.0% - 0.0%
ST33	0	\$0.0	\$285,157.5	0.0%	0.0% - 0.0%
ST34	0	\$0.0	\$193,604.8	0.0%	0.0% - 0.0%
ST35	0	\$0.0	\$212,644.6	0.0%	0.0% - 0.0%
ST36	0	\$0.0	\$226,576.6	0.0%	0.0% - 0.0%
ST37	0	\$0.0	\$160,487.7	0.0%	0.0% - 0.0%
ST38	0	\$0.0	\$118,472.3	0.0%	0.0% - 0.0%
ST39	0	\$0.0	\$187,190.5	0.0%	0.0% - 0.0%
Note: Details do not always sun	n to the total due to ro	unding.			

Medicaid Managed Care Payment Errors by Type of Error

Table S21. Summary of Medicaid Managed Care Data Processing Projected Dollars by Type of Error

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	16	\$12,126.3	\$12,126.3	\$239.5	\$85.5	\$393.5
Duplicate Item	3	\$15,015.7	\$15,015.7	\$18.5	-\$2.7	\$39.8
MC Payment Error	68	\$1,014.7	\$50,896.8	\$4.0	-\$0.4	\$8.4
Pricing Error	6	\$58.1	\$3,202.7	\$3.1	\$1.3	\$4.9
Rate Cell Error	1	\$27.6	\$514.1	\$0.1	N/A	N/A
Total	94	\$28,242.4	\$8,747,130.0	\$265.2	\$109.6	\$420.8
Note: Details do not always sum to the total due to	rounding.	•				

Medicaid Managed Care Data Processing Payment Errors

Table S22. Summary of Medicaid Managed Care Data Processing Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)	
Non-covered Service	16	\$12,126.3	\$12,126.3	\$239.5	\$85.5	\$393.5	
Duplicate Item	3	\$15,015.7	\$15,015.7	\$18.5	-\$2.7	\$39.8	
MC Payment Error	12	\$211.1	\$50,896.8	\$2.9	-\$1.5	\$7.3	
Pricing Error	1	\$51.2	\$3,202.7	\$0.2	N/A	N/A	
Rate Cell Error	0	\$0.0	\$514.1	\$0.0	N/A	N/A	
Total	32	\$27,404.2	\$8,747,130.0	\$261.1	\$105.6	\$416.7	
Note: Details do not always sum to the total due to rounding.							

Table S23. Summary of Medicaid Managed Care Data Processing Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)		
Pricing Error	5	\$6.9	\$3,202.7	\$2.9	\$1.1	\$4.7		
MC Payment Error	56	\$803.7	\$50,896.8	\$1.1	\$0.9	\$1.3		
Rate Cell Error	1	\$27.6	\$514.1	\$0.1	N/A	N/A		
Duplicate Item	0	\$0.0	\$15,015.7	\$0.0	\$0.0	\$0.0		
Non-covered Service	0	\$0.0	\$12,126.3	\$0.0	\$0.0	\$0.0		
Total	62	\$838.1	\$8,747,130.0	\$4.1	\$2.3	\$5.8		
Note: Details do not always sum to the total due to rounding.								

Data Processing Payment Errors: Non-covered Service

Table S24. Specific Causes of "Non-covered Service" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Recipient not eligible for applicable program on DOS	16	\$12,126.3	\$239.5	\$239.5	\$239.5
Total	16	\$12,126.3	\$239.5	\$239.5	\$239.5
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: Duplicate Item

Table S25. Specific Causes of "Duplicate Item" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Sampled claim is a duplicate of previously paid claim	3	\$15,015.7	\$18.5	\$18.5	\$18.5
Total	3	\$15,015.7	\$18.5	\$18.5	\$18.5
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: MC Payment Error

Table S26. Specific Causes of "MC Payment Error" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Rate programming error	67	\$1,014.3	\$4.0	\$4.0	\$4.0
Other	1	\$0.4	\$0.0	N/A	N/A
Total	68	\$1,014.7	\$4.0	\$4.0	\$4.0
Note: Details do not always sum to the total due to rounding.					

Medicaid Eligibility Component Payment Error Rate

Table S27. Medicaid Eligibility Active Cases Payment Error Rates by State

State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI		
National	1,054	\$419,948.2	\$13,922,896.8	3.1%	2.2% - 4.0%		
ST1	112	\$56,960.8	\$440,290.8	12.8%	2.7% - 22.8%		
ST2	12	\$12,737.0	\$171,895.0	8.9%	(6.7%) - 24.4%		
ST3	32	\$5,017.2	\$56,741.5	8.8%	(2.4%) - 20.0%		
ST4	89	\$19,253.3	\$229,690.1	8.3%	4.2% - 12.5%		
ST5	52	\$22,492.9	\$296,707.5	7.5%	0.8% - 14.1%		
ST6	29	\$42,401.0	\$633,160.0	6.7%	1.0% - 12.4%		
ST7	64	\$27,415.9	\$956,823.0	6.0%	2.1% - 10.0%		
ST8	20	\$11,304.3	\$205,424.8	5.7%	0.6% - 10.9%		
ST9	34	\$25,118.2	\$402,989.0	5.6%	(3.0%) - 14.2%		
ST10	11	\$3,584.7	\$75,637.4	4.7%	1.3% - 8.2%		
ST11	35	\$17,878.2	\$387,559.9	4.6%	(0.0%) - 9.3%		
ST12	31	\$14,689.0	\$325,181.0	4.6%	0.6% - 8.5%		
ST13	34	\$19,794.0	\$529,775.0	4.3%	(0.5%) - 9.2%		
ST14	54	\$27,025.7	\$697,775.6	3.9%	1.6% - 6.3%		
ST15	24	\$12,446.5	\$341,377.1	3.7%	(0.3%) - 7.8%		
ST16	14	\$6,466.0	\$215,768.0	3.0%	(0.0%) - 6.1%		
ST17	25	\$15,985.9	\$547,835.6	2.9%	0.5% - 5.4%		
ST18	51	\$10,552.0	\$371,706.0	2.8%	1.7% - 4.0%		
ST19	54	\$11,792.0	\$513,199.0	2.4%	0.9% - 3.9%		
ST20	12	\$1,801.9	\$89,326.5	2.3%	(1.0%) - 5.6%		
ST21	15	\$2,306.3	\$116,090.5	2.2%	0.3% - 4.2%		
ST22	29	\$9,193.5	\$421,965.8	2.2%	(0.3%) - 4.6%		
ST23	48	\$10,978.0	\$267,886.0	2.1%	0.7% - 3.5%		
ST24	13	\$959.4	\$48,901.2	2.0%	(0.8%) - 4.8%		
ST25	8	\$1,467.0	\$108,730.0	1.9%	(0.3%) - 4.1%		
ST26	10	\$2,563.0	\$139,670.0	1.8%	0.3% - 3.4%		
ST27	10	\$4,128.0	\$228,999.0	1.7%	0.0% - 3.4%		
ST28	15	\$702.0	\$48,861.2	1.4%	(1.0%) - 3.8%		

State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI
ST29	19	\$2,940.1	\$304,894.5	1.0%	0.3% - 1.6%
ST30	10	\$1,302.1	\$176,749.8	0.7%	0.1% - 1.4%
ST31	6	\$647.2	\$88,040.7	0.7%	(0.2%) - 1.6%
ST32	22	\$3,670.0	\$167,564.0	0.7%	(0.3%) - 1.6%
ST33	4	\$3,006.0	\$934,443.0	0.5%	(0.5%) - 1.5%
ST34	6	\$510.0	\$103,859.0	0.5%	(0.1%) - 1.1%
ST35	6	\$878.0	\$185,714.0	0.5%	(0.2%) - 1.2%
ST36	15	\$5,607.5	\$422,912.2	0.5%	(0.0%) - 0.9%
ST37	11	\$1,952.0	\$487,811.0	0.4%	(0.1%) - 0.9%
ST38	1	\$115.4	\$37,683.0	0.3%	(0.3%) - 0.9%
ST39	2	\$228.4	\$83,846.3	0.3%	(0.1%) - 0.7%
ST40	4	\$194.0	\$165,468.0	0.1%	(0.1%) - 0.3%
ST41	2	\$1,172.0	\$171,740.0	0.1%	(0.1%) - 0.2%
ST42	2	\$115.4	\$160,958.1	0.1%	(0.1%) - 0.2%
ST43	1	\$200.0	\$293,459.5	0.1%	(0.1%) - 0.2%
ST44	1	\$354.1	\$90,400.9	0.0%	(0.0%) - 0.1%
ST45	1	\$14.5	\$59,133.5	0.0%	(0.0%) - 0.1%
ST46	1	\$24.9	\$95,352.4	0.0%	(0.0%) - 0.0%
ST47	1	\$3.0	\$239,974.1	0.0%	(0.0%) - 0.0%
ST48	0	\$0.0	\$107,047.0	0.0%	0.0% - 0.0%
ST49	1	\$0.0	\$240,689.9	0.0%	0.0% - 0.0%
ST50	0	\$0.0	\$155,732.0	0.0%	0.0% - 0.0%
ST51	1	\$0.0	\$279,457.4	0.0%	0.0% - 0.0%
Note: Details do not always sur	n to the total due to ro	unding.			

Medicaid Eligibility Payment Errors by Type of Error

Table S28. Summary of Medicaid Eligibility Active Cases Projected Dollars by Type of Error

Error Type	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Not Eligible	639	\$290,931.6	\$8,362.6	\$6,018.6	\$10,706.6
Undetermined	183	\$79,043.0	\$2,439.1	\$1,033.8	\$3,844.5
Liability Understated	138	\$29,913.3	\$1,969.8	\$649.1	\$3,290.6
Liability Overstated	45	\$5,581.7	\$403.8	\$112.3	\$695.4
Eligible with Ineligible Services	35	\$13,652.8	\$395.2	\$201.5	\$588.9
Managed Care Error, Ineligible for Managed Care	5	\$544.2	\$22.6	-\$9.9	\$55.0
Managed Care Error, Eligible for Managed Care but Improperly Enrolled	9	\$281.5	\$6.1	-\$2.4	\$14.6
Total	1,054	\$419,948.2	\$13,599.3	\$10,548.6	\$16,650.0
Note: Details do not always sum to the total due to rounding.					

Table S29. Summary of Medicaid Eligibility Active Cases Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Not Eligible	639	\$290,931.6	\$8,362.6	\$6,018.6	\$10,706.6
Undetermined	183	\$79,043.0	\$2,439.1	\$1,033.8	\$3,844.5

Total	1,009	\$414,366.4	\$13,195.4	\$10,158.6	\$16,232.3
Liability Overstated	0	\$0.0	\$0.0	\$0.0	\$0.0
Managed Care Error, Eligible for Managed Care but Improperly Enrolled	9	\$281.5	\$6.1	-\$2.4	\$14.6
Managed Care Error, Ineligible for Managed Care	5	\$544.2	\$22.6	-\$9.9	\$55.0
Eligible with Ineligible Services	35	\$13,652.8	\$395.2	\$201.5	\$588.9
Liability Understated	138	\$29,913.3	\$1,969.8	\$649.1	\$3,290.6

Note: Details do not always sum to the total due to rounding.

Table S30. Summary of Medicaid Eligibility Active Cases Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Liability Overstated	45	\$5,581.7	\$403.8	\$112.3	\$695.4
Eligible with Ineligible Services	0	\$0.0	\$0.0	\$0.0	\$0.0
Liability Understated	0	\$0.0	\$0.0	\$0.0	\$0.0
Managed Care Error, Eligible for Managed Care but Improperly Enrolled	0	\$0.0	\$0.0	\$0.0	\$0.0
Managed Care Error, Ineligible for Managed Care	0	\$0.0	\$0.0	\$0.0	\$0.0
Not Eligible	0	\$0.0	\$0.0	\$0.0	\$0.0
Undetermined	0	\$0.0	\$0.0	\$0.0	\$0.0
Total	45	\$5,581.7	\$403.8	\$112.3	\$695.4
Note: Details do not always sum to the total due to rounding.					

Table S31. Summary of Medicaid Eligibility Negative Cases

Error Type	Number of Sample Cases	Percentage of Sample Cases				
Correct	11,194	92.8%				
Improper Termination	651	5.4%				
Improper Denial	217	1.8%				
Total	12,062	100.0%				
Note: Details do not always sum to the total due to rounding.						

Appendix 3: CHIP Trending for Cycle-Specific and National Rolling Error Rates

Table B1. Inception to Date Cycle-Specific CHIP Improper Payment Component Error Rates²

Year	FFS	Managed Care	Eligibility	Overall*
2012	6.9%	0.1%	5.7%	8.2%
2013	6.1%	0.5%	4.4%	6.8%
2014	6.2%	0.0%	2.6%	4.8%

*The overall estimate is comprised of the weighted sum of the FFS and managed care components, plus the eligibility component, minus a small adjustment to account for the overlap between the claims and eligibility review functions. From 2012-2013, the cycle-specific rate is calculated using data from the 17 States sampled and projected to the national level. For 2014, the cycle-specific rate represents only the 17 States sampled.

Table B2. National Rolling CHIP Improper Payment Component Error Rates

Year	FFS	FFS Managed Care		Overall*	
2013 Rolling Rates	5.7%	0.2%	5.1%	7.1%	
2014 Rolling Rates	6.2%	0.2%	4.2%	6.5%	

*The overall estimate is comprised of the weighted sum of the FFS and managed care components, plus the eligibility component, minus a small adjustment to account for the overlap between the claims and eligibility review functions. It is important to note that the 2013 rolling rate for CHIP represents 2 cycles since only 34 states had been sampled at the time.

Appendix 4: CHIP Supplemental Information

CMS reported a rolling error rate for CHIP in 2014 based on the 51 states reviewed from 2012-2014. Unless otherwise noted, all tables and figures in Appendix 4 are based on the rolling rate.

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CHIP Overpayments and Underpayments

Table T1. Summary of CHIP Projected Improper Payments

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
FFS	1,627	23,371	\$1,280,911.1	\$38,095,741.4	\$313.1	\$5,024.8	6.2%	5.4% - 7.1%
FFS Medical Review	705	23,371	\$401,863.1	\$38,095,741.4	\$159.3	\$5,024.8	3.2%	2.6% - 3.8%
FFS Data Processing	990	23,371	\$926,193.4	\$38,095,741.4	\$171.2	\$5,024.8	3.4%	2.8% - 4.0%
Managed Care	121	10,166	\$4,176.2	\$1,959,720.3	\$13.7	\$8,595.0	0.2%	0.0% - 0.3%
Eligibility	1,841	25,358	\$240,621.1	\$5,617,602.3	\$566.8	\$13,619.7	4.2%	3.6% - 4.7%
Total	3,589	58,895	\$1,525,708.5	\$45,673,064.1	\$880.1	\$13,619.7	6.5%	5.8% - 7.1%
Note: Details do not alway	s sum to the	total due to ro	ounding.	•				

Table T2. Summary of Projected CHIP Overpayments

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI	
FFS	1,529	23,371	\$1,233,982.8	\$38,095,741.4	\$305.3	\$5,024.8	6.1%	5.3% - 6.9%	
FFS Medical Review	697	23,371	\$369,457.0	\$38,095,741.4	\$158.2	\$5,024.8	3.1%	2.5% - 3.8%	
FFS Data Processing	892	23,371	\$911,333.4	\$38,095,741.4	\$163.5	\$5,024.8	3.3%	2.7% - 3.8%	
Managed Care	16	10,166	\$4,126.7	\$1,959,720.3	\$13.7	\$8,595.0	0.2%	0.0% - 0.3%	
Eligibility	1,753	25,358	\$238,406.1	\$5,617,602.3	\$562.0	\$13,619.7	4.1%	3.6% - 4.7%	
Total	3,298	58,895	\$1,476,515.7	\$45,673,064.1	\$867.8	\$13,619.7	6.4%	5.8% - 7.0%	
Note: Details do not always sum to the total due to rounding.									

Table T3. Summary of Projected CHIP Underpayments

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI	
FFS	106	23,371	\$47,266.1	\$38,095,741.4	\$8.8	\$5,024.8	0.2%	0.0% - 0.3%	
FFS Medical Review	8	23,371	\$32,406.1	\$38,095,741.4	\$1.1	\$5,024.8	0.0%	(0.0%) - 0.0%	
FFS Data Processing	98	23,371	\$14,860.0	\$38,095,741.4	\$7.7	\$5,024.8	0.2%	0.0% - 0.3%	
Managed Care	105	10,166	\$49.5	\$1,959,720.3	\$0.0	\$8,595.0	0.0%	(0.0%) - 0.0%	
Eligibility	88	25,358	\$2,215.0	\$5,617,602.3	\$4.9	\$13,619.7	0.0%	0.0% - 0.1%	
Total	299	58,895	\$49,530.6	\$45,673,064.1	\$13.7	\$13,619.7	0.1%	0.0% - 0.2%	
Note: Details do not always sum to the total due to rounding.									

CHIP FFS Component Payment Error Rate

Table T4. CHIP FFS Medical Review and Data Processing Payment Error Rates by State

	М	edical Review	7	Data Processing				EEG
State	Number of Sample Errors	Sample Dollars in Error	Error Rate	Number of Sample Errors	Sample Dollars in Error	Error Rate	Sample Paid Amount	FFS Error Rate
National	705	\$401,863.1	3.2%	990	\$926,193.4	3.4%	\$38,095,741.4	6.2%
ST1	105	\$160,674.0	22.7%	77	\$84,295.2	17.6%	\$1,764,240.2	34.8%
ST2	41	\$2,945.1	13.1%	18	\$59,038.0	5.3%	\$382,040.2	16.9%
ST3	25	\$32,605.0	10.2%	66	\$105,941.7	6.7%	\$481,681.4	16.8%
ST4	9	\$3,866.3	2.8%	59	\$253,882.9	12.0%	\$974,013.1	14.4%
ST5	63	\$30,959.1	6.4%	46	\$21,236.1	7.1%	\$1,811,990.9	11.7%
ST6	49	\$4,883.4	10.0%	4	\$1,082.9	0.3%	\$275,669.6	10.3%
ST7	13	\$617.2	1.2%	110	\$45,812.7	9.4%	\$271,458.8	10.2%
ST8	17	\$1,605.2	3.2%	25	\$5,926.2	4.5%	\$202,315.2	7.8%
ST9	24	\$12,855.3	4.1%	19	\$49,498.6	3.5%	\$3,125,437.3	7.4%
ST10	11	\$956.0	3.9%	71	\$20,576.1	3.4%	\$176,824.9	6.8%

State	Medical Review			Data Processing				
	Number of Sample Errors	Sample Dollars in Error	Error Rate	Number of Sample Errors	Sample Dollars in Error	Error Rate	Sample Paid Amount	FFS Error Rate
ST11	2	\$3.0	0.1%	35	\$24,578.7	6.1%	\$463,412.6	6.2%
ST12	14	\$960.8	2.2%	26	\$18,095.0	4.0%	\$625,489.2	6.0%
ST13	16	\$230.8	0.5%	22	\$50,990.8	5.0%	\$995,600.1	5.5%
ST14	19	\$10,356.5	5.2%	17	\$7,739.4	0.1%	\$563,988.7	5.3%
ST15	7	\$4,221.6	0.9%	38	\$36,526.9	4.5%	\$194,127.8	5.2%
ST16	19	\$3,948.2	5.1%	0	\$0.0	0.0%	\$307,475.3	5.1%
ST17	2	\$124.0	0.0%	12	\$12,851.3	4.5%	\$418,529.4	4.5%
ST18	18	\$2,811.1	2.5%	31	\$19,239.3	2.0%	\$182,546.6	4.5%
ST19	22	\$3,361.9	4.2%	5	\$626.5	0.0%	\$241,316.1	4.2%
ST20	14	\$1,310.5	2.3%	17	\$16,980.8	1.9%	\$289,014.9	4.0%
ST21	16	\$26,458.8	3.4%	0	\$0.0	0.0%	\$517,887.1	3.4%
ST22	14	\$946.6	1.9%	35	\$11,411.4	1.5%	\$346,412.8	3.3%
ST23	17	\$10,292.2	2.8%	3	\$194.1	0.4%	\$917,090.4	3.2%
ST24	6	\$5,403.3	2.2%	23	\$13,781.7	0.8%	\$617,443.2	3.0%
ST25	2	\$74.3	0.3%	24	\$26,694.5	2.7%	\$477,932.0	3.0%
ST26	22	\$15,587.1	2.6%	15	\$191.9	0.1%	\$2,561,843.7	2.8%
ST27	8	\$5,037.7	1.2%	15	\$19,788.8	1.7%	\$1,324,845.1	2.7%
ST28	16	\$7,501.8	2.4%	3	\$48.9	0.3%	\$133,015.1	2.7%
ST29	9	\$691.6	2.7%	0	\$0.0	0.0%	\$264,447.5	2.7%
ST30	18	\$11,365.2	2.7%	0	\$0.0	0.0%	\$946,856.5	2.7%
ST31	11	\$4,758.9	1.9%	6	\$431.8	0.7%	\$109,245.7	2.6%
ST32	7	\$888.6	2.2%	2	\$41.9	0.3%	\$494,140.1	2.5%
ST33	3	\$299.3	1.1%	12	\$2,461.4	0.9%	\$648,537.9	2.0%
ST34	9	\$1,680.8	1.6%	4	\$439.3	0.3%	\$457,730.3	1.7%
ST35	12	\$1,141.1	0.6%	43	\$5,758.0	1.0%	\$317,030.5	1.6%
ST36	5	\$1,014.9	1.3%	15	\$575.8	0.1%	\$174,969.4	1.4%
ST37	3	\$127.7	0.3%	9	\$5,502.1	1.3%	\$286,374.7	1.3%
ST38	8	\$4,900.8	1.2%	2	\$0.7	0.0%	\$775,647.0	1.2%
ST39	6	\$10,941.4	0.7%	1	\$65.6	0.2%	\$985,111.9	0.9%

	M	edical Review	7	Da	ata Processing		FFS	
State	Number of Sample Errors	Sample Dollars in Error	Error Rate	Number of Sample Errors	Sample Dollars in Error	Error Rate	Sample Paid Amount	Error Rate
ST40	4	\$10,139.6	0.6%	3	\$228.3	0.2%	\$975,609.6	0.8%
ST41	4	\$1,631.3	0.6%	2	\$0.0	0.0%	\$1,312,781.1	0.6%
ST42	1	\$33.4	0.1%	5	\$206.2	0.4%	\$626,208.6	0.5%
ST43	1	\$108.0	0.2%	44	\$51.6	0.1%	\$527,207.4	0.3%
ST44	9	\$1,407.0	0.2%	9	\$2,412.8	0.1%	\$157,297.6	0.3%
ST45	3	\$47.5	0.2%	6	\$202.8	0.1%	\$376,640.1	0.3%
ST46	1	\$89.1	0.0%	11	\$785.0	0.2%	\$8,016,264.0	0.2%

CHIP FFS Payment Errors by Type of Error

Table T5. Summary of CHIP FFS Projected Dollars by Type of Error

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	524	\$628,108.1	\$628,519.4	\$121.2	\$99.6	\$142.8
Policy Violation	164	\$77,771.3	\$77,723.5	\$65.7	\$42.6	\$88.8
Insufficient Documentation	232	\$71,898.5	\$71,898.5	\$40.6	\$31.4	\$49.8
No Documentation	163	\$98,392.8	\$98,228.8	\$31.8	\$24.8	\$38.9
Admin/Other	89	\$54,707.5	\$55,234.8	\$21.2	\$14.1	\$28.2
Number of Unit(s) Error	60	\$78,212.7	\$171,012.5	\$6.7	\$3.5	\$9.9
Pricing Error	225	\$90,653.5	\$730,848.6	\$6.0	\$1.8	\$10.2
FFS Claim for Managed Care Service	16	\$65,330.7	\$65,330.7	\$4.3	-\$2.0	\$10.7
Procedure Coding Error	30	\$11,149.7	\$13,935.3	\$4.1	\$1.9	\$6.4
Diagnosis Coding Error	14	\$45,877.7	\$74,996.9	\$3.8	-\$0.5	\$8.1
Third-party Liability	34	\$2,163.6	\$1,558.8	\$3.1	-\$0.1	\$6.2
Logic Edit	21	\$1,805.2	\$2,055.8	\$2.1	\$0.7	\$3.5

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Duplicate Item	13	\$10,053.7	\$10,053.7	\$1.0	\$0.1	\$1.9
Data Entry Error	37	\$32,039.2	\$32,325.1	\$1.0	\$0.0	\$2.0
Medically Unnecessary	4	\$12,741.9	\$16,953.2	\$0.5	-\$0.2	\$1.2
Unbundling	1	\$4.8	\$4.8	\$0.0	N/A	N/A
Total	1,627	\$1,280,911.1	\$38,095,741.4	\$313.1	\$277.7	\$348.6
Note: Details do not always sum to the total due	e to rounding.					

CHIP FFS Medical Review Payment Errors

Table T6. Summary of CHIP FFS Medical Review Overall Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Policy Violation	164	\$77,721.7	\$77,723.5	\$65.6	\$42.5	\$88.7
Insufficient Documentation	232	\$71,898.5	\$71,898.5	\$40.6	\$31.4	\$49.8
No Documentation	163	\$98,228.8	\$98,228.8	\$31.2	\$24.3	\$38.2
Admin/Other	37	\$6,570.2	\$7,104.5	\$7.4	\$3.4	\$11.3
Number of Unit(s) Error	60	\$77,669.7	\$171,012.5	\$6.1	\$3.1	\$9.1
Procedure Coding Error	30	\$11,149.7	\$13,935.3	\$4.1	\$1.9	\$6.4
Diagnosis Coding Error	14	\$45,877.7	\$74,996.9	\$3.8	-\$0.5	\$8.1
Medically Unnecessary	4	\$12,741.9	\$16,953.2	\$0.5	-\$0.2	\$1.2
Unbundling	1	\$4.8	\$4.8	\$0.0	N/A	N/A
Total	705	\$401,863.1	\$38,095,741.4	\$159.3	\$132.8	\$185.8
Note: Details do not always sum to	the total due t	o rounding.		•	•	•

Table T7. Summary of CHIP FFS Medical Review Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Policy Violation	164	\$77,721.7	\$77,723.5	\$65.6	\$42.5	\$88.7
Insufficient Documentation	232	\$71,898.5	\$71,898.5	\$40.6	\$31.4	\$49.8
No Documentation	163	\$98,228.8	\$98,228.8	\$31.2	\$24.3	\$38.2
Admin/Other	37	\$6,570.2	\$7,104.5	\$7.4	\$3.4	\$11.3
Number of Unit(s) Error	59	\$51,836.2	\$171,012.5	\$5.8	\$2.8	\$8.7
Procedure Coding Error	28	\$11,078.6	\$13,935.3	\$3.6	\$1.5	\$5.8
Diagnosis Coding Error	9	\$39,376.2	\$74,996.9	\$3.5	-\$0.8	\$7.8
Medically Unnecessary	4	\$12,741.9	\$16,953.2	\$0.5	-\$0.2	\$1.2
Unbundling	1	\$4.8	\$4.8	\$0.0	N/A	N/A
Total	697	\$369,457.0	\$38,095,741.4	\$158.2	\$131.7	\$184.7
Note: Details do not always sum to	the total due to	o rounding.				

Table T8. Summary of CHIP FFS Medical Review Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Procedure Coding Error	2	\$71.1	\$13,935.3	\$0.5	-\$0.2	\$1.2
Number of Unit(s) Error	1	\$25,833.5	\$171,012.5	\$0.3	N/A	N/A
Diagnosis Coding Error	5	\$6,501.5	\$74,996.9	\$0.3	\$0.0	\$0.6
Admin/Other	0	\$0.0	\$7,104.5	\$0.0	\$0.0	\$0.0
Insufficient Documentation	0	\$0.0	\$71,898.5	\$0.0	\$0.0	\$0.0
Medically Unnecessary	0	\$0.0	\$16,953.2	\$0.0	\$0.0	\$0.0
No Documentation	0	\$0.0	\$98,228.8	\$0.0	\$0.0	\$0.0
Policy Violation	0	\$0.0	\$77,723.5	\$0.0	\$0.0	\$0.0
Unbundling	0	\$0.0	\$4.8	\$0.0	N/A	N/A
Total	8	\$32,406.1	\$38,095,741.4	\$1.1	\$0.2	\$2.0
Note: Details do not always sum to the	ne total due to	rounding.				

Medical Review Payment Errors: Policy Violation

Table T9. Specific Causes of "Policy Violation" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Documentation does not meet the State policy requirements for the service performed	141	\$71,482.4	\$60.7	\$53.8	\$67.5
Required provider signature and/or credentials not provided	13	\$3,203.2	\$3.2	\$2.2	\$4.2
Other	2	\$149.7	\$1.4	\$1.4	\$1.4
Required record of recipient acceptance or refusal of medication counseling not available	6	\$159.9	\$0.2	\$0.2	\$0.3
Prescription supplied is missing one or more of the components required	1	\$498.6	\$0.1	N/A	N/A
Service performed is not a covered service	1	\$2,227.9	\$0.0	N/A	N/A
Total	164	\$77,721.7	\$65.6	\$59.3	\$72.0
Note: Details do not always sum to the total due to rounding.					

Medical Review Payment Errors: Insufficient Documentation

Table T10. Specific Causes of "Insufficient Documentation" Error

Cause of Error	Number of Sample Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
No response to request for additional documents	83	\$47,186.4	\$19.9	\$17.8	\$21.9
Provider did not supply sufficient documentation to support the claim	104	\$22,014.2	\$16.5	\$14.2	\$18.9
Medical records do not contain daily documentation of specific tasks performed on sampled DOS	11	\$660.0	\$1.1	\$0.8	\$1.3
Pharmacy signature log not provided	12	\$826.7	\$0.9	\$0.5	\$1.3
Medical records do not contain the provider's order	10	\$185.0	\$0.7	\$0.5	\$1.0
The Individual Plan was provided but was not applicable to the sampled DOS	3	\$219.3	\$0.7	\$0.1	\$1.3
Provider states patient not seen on sampled date/s of service	2	\$130.6	\$0.5	-\$0.3	\$1.2
Medical records do not contain the service plan	2	\$383.1	\$0.1	\$0.1	\$0.1
Face to face assessment documentation not provided	1	\$140.6	\$0.1	N/A	N/A
Provider states recipient not seen on sampled DOS	1	\$1.0	\$0.1	N/A	N/A
Other	1	\$114.7	\$0.0	N/A	N/A
Provider did not supply a valid prescription	1	\$4.5	\$0.0	N/A	N/A
Required progress notes applicable to DOS sampled not provided	1	\$32.5	\$0.0	N/A	N/A
Total	232	\$71,898.5	\$40.6	\$38.1	\$43.1
Note: Details do not always sum to the total due to rounding.	1	1	ı	L	

Medical Review Payment Errors: No Documentation

Table T11. Specific Causes of "No Documentation" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Provider did not respond to the request for records	97	\$89,132.4	\$19.6	\$17.9	\$21.3
Provider did not have patient on file or in their system	18	\$1,346.9	\$4.1	\$2.9	\$5.2
State could not locate provider	9	\$1,774.0	\$2.3	\$2.2	\$2.3
Provider states recipient not seen on sampled DOS	11	\$902.5	\$2.1	\$2.0	\$2.1
Provider out of business/retired and record is not available	15	\$3,372.5	\$1.6	\$0.3	\$2.9
Provider cannot locate record	7	\$467.3	\$0.9	-\$0.1	\$1.9
Provider submitted wrong date of service	1	\$195.0	\$0.4	N/A	N/A
Other	1	\$873.6	\$0.3	N/A	N/A
Provider states record destroyed or lost	2	\$90.6	\$0.0	\$0.0	\$0.0
Provider states billed for wrong recipient	1	\$4.0	\$0.0	N/A	N/A
Illegible record	1	\$70.0	\$0.0	N/A	N/A
Total	163	\$98,228.8	\$31.2	\$30.1	\$32.4
Note: Details do not always sum to the total due to rounding.			<u>.</u>		

CHIP FFS Medical Review Errors by Service Type

Table T12. CHIP FFS Medical Review Error by Service Type

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
Prescribed Drugs	194	3,716	\$113,244.1	\$2,550,129.1	\$71.8	\$1,010.5	7.1%	4.5% - 9.7%
Psychiatric, Mental Health, and Behavioral Health Services	116	2,593	\$86,235.8	\$5,833,975.9	\$20.7	\$635.8	3.3%	2.3% - 4.2%
Physicians and Other Licensed Practitioner Services	96	2,233	\$22,855.7	\$470,095.7	\$16.7	\$554.1	3.0%	2.0% - 4.0%
Outpatient Hospital Services and Clinics	58	2,292	\$23,179.7	\$1,012,818.5	\$11.3	\$513.9	2.2%	1.4% - 3.0%
Dental and Other Oral Surgery Services	58	3,023	\$15,903.9	\$785,661.2	\$10.9	\$823.9	1.3%	0.7% - 1.9%
Inpatient and Outpatient Hospital	48	2,922	\$123,137.7	\$16,233,624.0	\$8.5	\$906.7	0.9%	0.3% - 1.6%
Habilitation and Waiver Programs, School Services	42	999	\$3,277.8	\$109,838.8	\$7.0	\$161.2	4.3%	2.0% - 6.7%
Therapies, Hearing and Rehabilitation Services	15	266	\$2,253.2	\$38,339.9	\$5.1	\$37.2	13.6%	11.0% - 16.2%
Personal Support Services	32	579	\$7,272.9	\$105,245.1	\$2.9	\$79.9	3.6%	2.1% - 5.1%
Transportation and Accommodations	7	160	\$603.1	\$72,768.8	\$1.2	\$20.4	6.1%	1.8% - 10.4%
Durable Medical Equipment (DME) and Supplies, Prosthetic/Orthopedic Devices and Environmental Modifications	8	192	\$2,147.7	\$70,864.4	\$1.1	\$29.5	3.8%	2.5% - 5.1%
Vision: Ophthalmology, Optometry and Optical Services	4	316	\$213.3	\$13,724.2	\$0.9	\$65.5	1.4%	1.1% - 1.7%
Home Health Services	11	305	\$1,211.4	\$50,195.0	\$0.9	\$19.0	4.8%	(1.8%) - 11.3%
Laboratory, X-ray and Imaging Services	16	686	\$326.8	\$19,643.9	\$0.3	\$43.2	0.6%	(0.2%) - 1.4%
Capitated Care/Fixed Payments	0	1,044	\$0.0	\$10,579,188.7	\$0.0	\$111.0	0.0%	0.0% - 0.0%

Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
0	261	\$0.0	\$23,639.8	\$0.0	\$0.3	0.0%	0.0% - 0.0%
0	1,732	\$0.0	\$0.0	\$0.0	\$0.0	N/A	N/A
0	2	\$0.0	\$292.0	\$0.0	\$0.0	0.0%	N/A
0	26	\$0.0	\$28,433.4	\$0.0	\$0.3	0.0%	0.0% - 0.0%
0	2	\$0.0	\$92.2	\$0.0	\$10.9	0.0%	N/A
0	22	\$0.0	\$97,170.8	\$0.0	\$1.5	0.0%	0.0% - 0.0%
705	23,371	\$401,863.1	\$38,095,741.4	\$159.3	\$5,024.8	3.2%	2.6% - 3.8%
	of Sample Payment Errors 0 0 0 0 0	of Sample Payment Errors Number of Claims Sampled 0 261 0 1,732 0 2 0 26 0 2 0 2 0 2	of Sample Payment Errors Number of Claims Sampled Sample Dollars in Errors 0 261 \$0.0 0 1,732 \$0.0 0 2 \$0.0 0 26 \$0.0 0 2 \$0.0 0 2 \$0.0 0 2 \$0.0 0 22 \$0.0	of Sample Payment Errors Number of Claims Sampled Sample Dollars in Errors Sample Dollars Paid 0 261 \$0.0 \$23,639.8 0 1,732 \$0.0 \$0.0 0 2 \$0.0 \$292.0 0 26 \$0.0 \$28,433.4 0 2 \$0.0 \$92.2 0 22 \$0.0 \$97,170.8	of Sample Payment Errors Number of Claims Sampled Sample Dollars in Error Sample Dollars Paid Projected Dollars in Error (millions) 0 261 \$0.0 \$23,639.8 \$0.0 0 1,732 \$0.0 \$0.0 \$0.0 0 2 \$0.0 \$292.0 \$0.0 0 26 \$0.0 \$28,433.4 \$0.0 0 2 \$0.0 \$92.2 \$0.0 0 22 \$0.0 \$97,170.8 \$0.0	of Sample Payment Errors Sampled Sample Dollars in Errors Sample Dollars Paid Projected Dollars in Error (millions) Projected Paid Amount (millions) 0 261 \$0.0 \$23,639.8 \$0.0 \$0.3 0 1,732 \$0.0 \$0.0 \$0.0 \$0.0 0 2 \$0.0 \$292.0 \$0.0 \$0.0 0 26 \$0.0 \$28,433.4 \$0.0 \$0.3 0 2 \$0.0 \$92.2 \$0.0 \$10.9 0 22 \$0.0 \$97,170.8 \$0.0 \$1.5	of Sample Payment Errors Number of Claims Sampled Sample Dollars in Errors Sample Dollars Paid Projected Dollars in Error (millions) Projected Paid Amount (millions) Error Rate 0 261 \$0.0 \$23,639.8 \$0.0 \$0.3 0.0% 0 1,732 \$0.0 \$0.0 \$0.0 \$0.0 N/A 0 2 \$0.0 \$292.0 \$0.0 \$0.0 0.0% 0 26 \$0.0 \$28,433.4 \$0.0 \$0.3 0.0% 0 2 \$0.0 \$92.2 \$0.0 \$10.9 0.0% 0 22 \$0.0 \$97,170.8 \$0.0 \$1.5 0.0%

Note: Details do not always sum to the total due to rounding.

CHIP FFS Data Processing Payment Errors

Table T13. Summary of CHIP FFS Data Processing Overall Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	554	\$650,363.6	\$650,684.9	\$131.1	\$109.1	\$153.1
Admin/Other	71	\$69,105.8	\$69,485.8	\$20.0	\$13.2	\$26.9
Pricing Error	237	\$91,262.6	\$732,141.5	\$7.7	\$3.1	\$12.4
FFS Claim for Managed Care Service	19	\$66,061.3	\$66,061.3	\$4.3	-\$2.0	\$10.7
Third-party Liability	34	\$2,163.6	\$1,558.8	\$3.1	-\$0.1	\$6.2
Logic Edit	24	\$4,875.7	\$5,126.2	\$2.9	\$1.2	\$4.6
Duplicate Item	14	\$10,321.5	\$10,321.5	\$1.0	\$0.2	\$1.9
Data Entry Error	37	\$32,039.2	\$32,325.1	\$1.0	\$0.0	\$2.0
Total	990	\$926,193.4	\$38,095,741.4	\$171.2	\$146.6	\$195.8
Note: Details do not always sum to the tota	due to round	ing.				

Table T14. Summary of CHIP FFS Data Processing Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	549	\$650,262.4	\$650,684.9	\$130.4	\$108.4	\$152.4
Admin/Other	71	\$69,105.8	\$69,485.8	\$20.0	\$13.2	\$26.9
FFS Claim for Managed Care Service	19	\$66,061.3	\$66,061.3	\$4.3	-\$2.0	\$10.7
Logic Edit	21	\$4,818.2	\$5,126.2	\$2.9	\$1.2	\$4.6
Pricing Error	153	\$77,217.5	\$732,141.5	\$2.6	\$1.4	\$3.8
Third-party Liability	28	\$1,507.5	\$1,558.8	\$1.2	\$0.3	\$2.1
Duplicate Item	14	\$10,321.5	\$10,321.5	\$1.0	\$0.2	\$1.9
Data Entry Error	37	\$32,039.2	\$32,325.1	\$1.0	\$0.0	\$2.0
Total	892	\$911,333.4	\$38,095,741.4	\$163.5	\$139.5	\$187.5
Note: Details do not always sum to the tota	l due to round	ling.				

Table T15. Summary of CHIP FFS Data Processing Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Pricing Error	84	\$14,045.1	\$732,141.5	\$5.1	\$0.7	\$9.6
Third-party Liability	6	\$656.2	\$1,558.8	\$1.8	-\$1.2	\$4.9
Non-covered Service	5	\$101.2	\$650,684.9	\$0.7	\$0.0	\$1.3
Logic Edit	3	\$57.6	\$5,126.2	\$0.0	\$0.0	\$0.0
Admin/Other	0	\$0.0	\$69,485.8	\$0.0	\$0.0	\$0.0
Data Entry Error	0	\$0.0	\$32,325.1	\$0.0	\$0.0	\$0.0
Duplicate Item	0	\$0.0	\$10,321.5	\$0.0	\$0.0	\$0.0
FFS Claim for Managed Care Service	0	\$0.0	\$66,061.3	\$0.0	\$0.0	\$0.0
Total	98	\$14,860.0	\$38,095,741.4	\$7.7	\$2.2	\$13.1
Note: Details do not always sum to the total	l dua ta maum d	in a				

Note: Details do not always sum to the total due to rounding.

Data Processing Payment Errors: Non-covered Service

Table T16. Specific Causes of "Non-covered Service" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
New provider not enrolled using ACA risk-based criteria	132	\$146,180.6	\$35.8	\$27.6	\$44.0
Referring/ordering provider not enrolled	74	\$5,337.4	\$31.3	\$21.6	\$40.9
Provider not enrolled in Medicaid/CHIP	71	\$288,957.6	\$20.2	\$14.3	\$26.1
Required provider license not current for DOS	32	\$22,030.5	\$15.3	\$12.9	\$17.8
Attending or rendering provider required but not listed on institutional claim	59	\$87,477.7	\$13.2	\$11.2	\$15.2
Referring/ordering provider required but not listed on claim	112	\$11,155.3	\$7.4	\$3.9	\$10.9
Recipient not eligible for applicable program on DOS	49	\$87,267.0	\$5.2	\$5.0	\$5.4
Prior authorization required or not current for DOS	4	\$1,088.2	\$0.7	\$0.7	\$0.8
Covered service was incorrectly denied	5	\$101.2	\$0.7	\$0.3	\$1.1
Non-covered based on service location	6	\$138.8	\$0.5	\$0.0	\$1.1
Other	8	\$535.4	\$0.5	\$0.1	\$0.8
HB-Services not approved by Service Plan	2	\$94.1	\$0.2	\$0.2	\$0.2
Total	554	\$650,363.6	\$131.1	\$117.1	\$145.0
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: Admin/Other

Table T17. Specific Causes of "Admin/Other" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
State did not provide documentation needed to complete the review	41	\$50,725.5	\$19.6	\$18.9	\$20.2
Claim filed untimely	30	\$18,380.3	\$0.5	\$0.4	\$0.5
Total	71	\$69,105.8	\$20.0	\$19.4	\$20.7
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: Pricing Error

Table T18. Specific Causes of "Pricing Error" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
State was unable to provide documentation to support rate used for payment	10	\$8,042.1	\$3.7	\$3.6	\$3.7
System input error caused wrong pricing	45	\$21,538.3	\$1.7	\$1.5	\$1.9
Other	12	\$42,505.7	\$0.6	\$0.1	\$1.2
Incorrect manual calculation	8	\$5,745.5	\$0.6	-\$0.4	\$1.5
Incorrect federal match used	5	\$450.0	\$0.4	\$0.4	\$0.4
System calculation incorrect	131	\$12,741.1	\$0.3	\$0.3	\$0.3
Co-pay should not have been deducted from payment	16	\$65.4	\$0.3	-\$0.1	\$0.7
Co-pay should have been deducted from payment	4	\$50.0	\$0.1	\$0.0	\$0.2
System defect caused incorrect pricing	5	\$99.5	\$0.1	\$0.0	\$0.2
Incorrect co-pay deducted from payment	1	\$25.0	\$0.0	N/A	N/A
Total	237	\$91,262.6	\$7.7	\$6.6	\$8.9
Note: Details do not always sum to the total due to rounding.					

CHIP FFS Data Processing Errors by Service Type

Table T19. CHIP FFS Data Processing Error by Service Type

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
Prescribed Drugs	201	3,716	\$9,755.5	\$2,550,129.1	\$39.5	\$1,010.5	3.9%	2.5% - 5.4%
Physicians and Other Licensed Practitioner Services	72	2,233	\$15,527.9	\$470,095.7	\$28.9	\$554.1	5.2%	3.5% - 6.9%
Dental and Other Oral Surgery Services	73	3,023	\$10,555.4	\$785,661.2	\$26.0	\$823.9	3.2%	1.8% - 4.5%
Inpatient and Outpatient Hospital	145	2,922	\$357,916.3	\$16,233,624.0	\$21.5	\$906.7	2.4%	1.3% - 3.5%
Outpatient Hospital Services and Clinics	58	2,292	\$13,831.3	\$1,012,818.5	\$20.6	\$513.9	4.0%	2.0% - 6.0%
Psychiatric, Mental Health, and Behavioral Health Services	105	2,593	\$434,633.9	\$5,833,975.9	\$17.5	\$635.8	2.8%	2.0% - 3.5%
Therapies, Hearing and Rehabilitation Services	44	266	\$2,965.4	\$38,339.9	\$5.2	\$37.2	14.1%	8.6% - 19.6%
Durable Medical Equipment (DME) and Supplies, Prosthetic/Orthopedic Devices and Environmental Modifications	24	192	\$1,936.8	\$70,864.4	\$2.6	\$29.5	8.8%	4.7% - 12.8%
Denied Claims	11	1,732	\$749.6	\$0.0	\$2.5	\$0.0	N/A	N/A
Laboratory, X-ray and Imaging Services	51	686	\$912.7	\$19,643.9	\$1.7	\$43.2	4.0%	2.7% - 5.2%
Vision: Ophthalmology, Optometry and Optical Services	11	316	\$727.8	\$13,724.2	\$1.5	\$65.5	2.3%	1.4% - 3.2%
Home Health Services	51	305	\$7,277.5	\$50,195.0	\$1.3	\$19.0	6.6%	4.5% - 8.7%
Habilitation and Waiver Programs, School Services	30	999	\$6,083.9	\$109,838.8	\$0.8	\$161.2	0.5%	0.4% - 0.7%
Personal Support Services	13	579	\$2,843.1	\$105,245.1	\$0.7	\$79.9	0.9%	0.4% - 1.4%
Capitated Care/Fixed Payments	9	1,044	\$46,521.9	\$10,579,188.7	\$0.3	\$111.0	0.3%	0.2% - 0.3%

Category	Number of Sample Payment Errors	Number of Claims Sampled	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Projected Paid Amount (millions)	Error Rate	95% CI
Transportation and Accommodations	4	160	\$568.3	\$72,768.8	\$0.3	\$20.4	1.3%	(0.5%) - 3.0%
Crossover Claims	82	261	\$5,652.6	\$23,639.8	\$0.1	\$0.3	39.2%	29.3% - 49.2%
ICF for the Mentally Retarded and Group Homes	5	26	\$7,584.7	\$28,433.4	\$0.0	\$0.3	5.0%	1.0% - 8.9%
Hospice Services	1	2	\$148.8	\$292.0	\$0.0	\$0.0	75.6%	N/A
Managed Care	0	2	\$0.0	\$92.2	\$0.0	\$10.9	0.0%	N/A
Nursing Facility, Intermediate Care Facilities	0	22	\$0.0	\$97,170.8	\$0.0	\$1.5	0.0%	0.0% - 0.0%
Total	990	23,371	\$926,193.4	\$38,095,741.4	\$171.2	\$5,024.8	3.4%	2.8% - 4.0%
No Position of the second of t	770	23,371	Ψ>20,1>3.4	Ψοσίονοί, 141.4	Ψ1/1,2	ψε,024.0	3.470	2.0 / 0 - 4.0 / 0

Note: Details do not always sum to the total due to rounding.

CHIP Managed Care Component Payment Error Rate

Table T20. CHIP Managed Care Data Processing Payment Error Rates by State

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State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI	
National	121	\$4,176.2	\$1,959,720.3	0.2%	0.0% - 0.3%	
ST1	3	\$558.6	\$53,016.5	1.1%	(0.1%) - 2.3%	
ST2	2	\$725.1	\$69,148.5	0.5%	(0.2%) - 1.3%	
ST3	1	\$92.2	\$23,698.4	0.5%	(0.4%) - 1.4%	
ST4	1	\$114.4	\$54,078.6	0.4%	(0.4%) - 1.2%	
ST5	2	\$562.1	\$159,112.6	0.4%	(0.1%) - 0.9%	
ST6	1	\$148.8	\$38,491.9	0.3%	(0.3%) - 1.0%	
ST7	1	\$118.5	\$53,971.9	0.3%	(0.3%) - 1.0%	
ST8	1	\$327.5	\$47,163.9	0.3%	(0.3%) - 0.9%	
ST9	2	\$1,462.1	\$209,715.8	0.1%	(0.1%) - 0.4%	
ST10	104	\$35.6	\$31,830.6	0.1%	(0.1%) - 0.4%	
ST11	3	\$31.5	\$10,789.0	0.1%	(0.1%) - 0.3%	
ST12	0	\$0.0	\$23,327.6	0.0%	0.0% - 0.0%	
ST13	0	\$0.0	\$26,481.2	0.0%	0.0% - 0.0%	
ST14	0	\$0.0	\$27,337.2	0.0%	0.0% - 0.0%	
ST15	0	\$0.0	\$43,631.1	0.0%	0.0% - 0.0%	
ST16	0	\$0.0	\$30,296.9	0.0%	0.0% - 0.0%	
ST17	0	\$0.0	\$41,666.8	0.0%	0.0% - 0.0%	
ST18	0	\$0.0	\$4,759.4	0.0%	0.0% - 0.0%	
ST19	0	\$0.0	\$20,765.9	0.0%	0.0% - 0.0%	
ST20	0	\$0.0	\$41,643.3	0.0%	0.0% - 0.0%	
ST21	0	\$0.0	\$26,683.3	0.0%	0.0% - 0.0%	
ST22	0	\$0.0	\$49,891.9	0.0%	0.0% - 0.0%	
ST23	0	\$0.0	\$37,656.4	0.0%	0.0% - 0.0%	
ST24	0	\$0.0	\$21,721.5	0.0%	0.0% - 0.0%	
ST25	0	\$0.0	\$21,264.7	0.0%	0.0% - 0.0%	
ST26	0	\$0.0	\$242,633.1	0.0%	0.0% - 0.0%	
ST27	0	\$0.0	\$56,280.0	0.0%	0.0% - 0.0%	
ST28	0	\$0.0	\$39,410.0	0.0%	0.0% - 0.0%	

State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI
ST29	0	\$0.0	\$54,294.3	0.0%	0.0% - 0.0%
ST30	0	\$0.0	\$77,539.6	0.0%	0.0% - 0.0%
ST31	0	\$0.0	\$45,899.2	0.0%	0.0% - 0.0%
ST32	0	\$0.0	\$18,365.1	0.0%	0.0% - 0.0%
ST33	0	\$0.0	\$76,738.8	0.0%	0.0% - 0.0%
ST34	0	\$0.0	\$31,447.7	0.0%	0.0% - 0.0%
ST35	0	\$0.0	\$29,119.7	0.0%	0.0% - 0.0%
ST36	0	\$0.0	\$27,182.4	0.0%	0.0% - 0.0%
ST37	0	\$0.0	\$28,706.0	0.0%	0.0% - 0.0%
ST38	0	\$0.0	\$63,959.6	0.0%	0.0% - 0.0%
Note: Details do not always sun	n to the total due to ro	unding.			

CHIP Managed Care Payment Errors by Type of Error

Table T21. Summary of CHIP Managed Care Data Processing Projected Dollars by Type of Error

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Non-covered Service	12	\$3,858.8	\$3,858.8	\$12.0	\$3.8	\$20.1
Rate Cell Error	3	\$153.5	\$202.3	\$1.6	-\$0.9	\$4.1
Pricing Error	1	\$114.4	\$114.4	\$0.2	N/A	N/A
MC Payment Error	105	\$49.5	\$12,597.1	\$0.0	\$0.0	\$0.1
Total	121	\$4,176.2	\$1,959,720.3	\$13.7	\$5.2	\$22.3
Note: Details do not always sum to the total due to	rounding.	•				

CHIP Managed Care Data Processing Payment Errors

Table T22. Summary of CHIP Managed Care Data Processing Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
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Non-covered Service	12	\$3,858.8	\$3,858.8	\$12.0	\$3.8	\$20.1		
Rate Cell Error	3	\$153.5	\$202.3	\$1.6	-\$0.9	\$4.1		
Pricing Error	1	\$114.4	\$114.4	\$0.2	N/A	N/A		
MC Payment Error	0	\$0.0	\$12,597.1	\$0.0	\$0.0	\$0.0		
Total	16	\$4,126.7	\$1,959,720.3	\$13.7	\$5.2	\$22.2		
Note: Details do not always sum to the total due to rounding.								

Table T23. Summary of CHIP Managed Care Data Processing Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
MC Payment Error	105	\$49.5	\$12,597.1	\$0.0	\$0.0	\$0.1
Non-covered Service	0	\$0.0	\$3,858.8	\$0.0	\$0.0	\$0.0
Pricing Error	0	\$0.0	\$114.4	\$0.0	N/A	N/A
Rate Cell Error	0	\$0.0	\$202.3	\$0.0	\$0.0	\$0.0
Total	105	\$49.5	\$1,959,720.3	\$0.0	\$0.0	\$0.1

Note: Details do not always sum to the total due to rounding.

Data Processing Payment Errors: Non-covered Service

Table T24. Specific Causes of "Non-covered Service" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Recipient not eligible for applicable program on DOS	12	\$3,858.8	\$12.0	\$12.0	\$12.0
Total	12	\$3,858.8	\$12.0	\$12.0	\$12.0
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: Rate Cell Error

Table T25. Specific Causes of "Rate Cell Error" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Recipient moved into different MCO area	1	\$148.8	\$1.5	N/A	N/A
Wrong rate cell used for Aid Category	2	\$4.7	\$0.0	\$0.0	\$0.0
Total	3	\$153.5	\$1.6	\$1.6	\$1.6
Note: Details do not always sum to the total due to rounding.					

Data Processing Payment Errors: Pricing Error

Table T26. Specific Causes of "Pricing Error" Error

Cause of Error	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Incorrect federal match used	1	\$114.4	\$0.2	N/A	N/A
Total	1	\$114.4	\$0.2	N/A	N/A
Note: Details do not always sum to the total due to rounding.					

CHIP Eligibility Component Payment Error Rate

Table T27. CHIP Eligibility Active Cases Payment Error Rates by State

State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI
National	1,841	\$240,621.1	\$5,617,602.3	4.2%	3.6% - 4.7%
ST1	240	\$24,056.3	\$77,070.7	30.9%	26.5% - 35.3%
ST2	136	\$25,023.0	\$99,381.7	24.3%	13.9% - 34.7%
ST3	73	\$15,956.0	\$88,218.0	17.6%	4.6% - 30.5%
ST4	58	\$10,242.0	\$76,762.0	13.0%	7.9% - 18.2%
ST5	140	\$7,707.8	\$64,057.1	12.0%	6.0% - 18.1%
ST6	64	\$6,161.1	\$55,483.1	11.2%	4.9% - 17.6%
ST7	56	\$8,485.4	\$80,417.7	10.6%	7.5% - 13.7%
ST8	65	\$9,252.6	\$109,781.2	8.4%	4.8% - 12.1%
ST9	45	\$5,020.8	\$62,878.3	8.0%	5.6% - 10.4%
ST10	43	\$12,487.0	\$162,758.0	7.7%	3.8% - 11.7%
ST11	35	\$5,208.0	\$93,962.0	7.7%	4.1% - 11.4%
ST12	58	\$4,871.6	\$67,426.7	7.3%	0.7% - 13.9%
ST13	40	\$6,856.4	\$95,796.1	6.8%	4.4% - 9.3%
ST14	51	\$4,523.7	\$72,879.9	6.1%	3.7% - 8.4%
ST15	32	\$2,706.0	\$44,528.0	6.1%	3.9% - 8.2%
ST16	30	\$3,160.6	\$57,165.4	5.7%	2.5% - 8.9%
ST17	73	\$3,894.4	\$50,852.7	5.1%	2.5% - 7.6%
ST18	19	\$2,556.6	\$83,839.9	5.0%	(3.8%) - 13.8%
ST19	38	\$5,955.0	\$131,673.0	4.5%	0.3% - 8.7%
ST20	61	\$4,060.0	\$86,043.0	4.1%	1.3% - 6.9%
ST21	37	\$4,197.0	\$62,689.0	3.9%	0.9% - 6.9%
ST22	33	\$2,225.1	\$62,348.6	3.6%	0.5% - 6.6%
ST23	10	\$2,024.0	\$60,766.0	3.3%	(0.7%) - 7.4%
ST24	13	\$2,067.0	\$110,937.0	3.3%	0.8% - 5.7%
ST25	23	\$2,578.3	\$62,559.5	3.2%	1.0% - 5.5%
ST26	32	\$2,575.0	\$79,902.0	3.2%	1.0% - 5.4%
ST27	14	\$2,577.6	\$80,645.4	3.2%	1.3% - 5.1%
ST28	17	\$11,800.2	\$392,907.6	3.0%	0.8% - 5.1%

State	Number of Payment Errors	Sample Dollars in Errors	Sample Dollars Paid	Error Rate	95% CI
ST29	37	\$2,427.8	\$91,333.8	2.6%	0.6% - 4.7%
ST30	15	\$2,726.0	\$124,993.0	2.6%	0.1% - 5.0%
ST31	22	\$1,624.4	\$64,769.6	2.5%	0.0% - 5.0%
ST32	34	\$2,259.1	\$91,080.6	2.5%	1.1% - 3.9%
ST33	15	\$1,601.8	\$65,467.6	2.4%	1.1% - 3.8%
ST34	21	\$1,624.6	\$74,327.3	2.2%	0.3% - 4.1%
ST35	11	\$1,370.0	\$61,788.0	2.2%	(1.1%) - 5.4%
ST36	15	\$2,779.0	\$137,672.0	2.0%	0.7% - 3.4%
ST37	17	\$4,634.6	\$137,649.6	2.0%	0.1% - 3.8%
ST38	12	\$1,309.4	\$77,578.1	1.9%	(0.2%) - 4.0%
ST39	13	\$1,697.0	\$105,353.0	1.6%	(0.2%) - 3.4%
ST40	14	\$9,917.0	\$841,996.0	1.4%	0.2% - 2.6%
ST41	15	\$2,388.6	\$179,557.9	1.3%	0.2% - 2.4%
ST42	19	\$884.7	\$84,104.5	1.0%	0.3% - 1.8%
ST43	27	\$1,669.2	\$184,312.1	0.9%	0.4% - 1.5%
ST44	4	\$436.0	\$101,847.0	0.9%	(0.6%) - 2.3%
ST45	1	\$228.2	\$115,033.6	0.5%	(0.5%) - 1.6%
ST46	1	\$155.0	\$75,030.0	0.5%	(0.5%) - 1.5%
ST47	1	\$526.0	\$110,836.0	0.5%	(0.5%) - 1.5%
ST48	10	\$2,131.9	\$67,381.3	0.4%	(0.2%) - 1.0%
ST49	1	\$2.6	\$97,996.0	0.0%	(0.0%) - 0.0%
ST50	0	\$0.0	\$62,602.0	0.0%	0.0% - 0.0%
ST51	0	\$0.0	\$91,164.0	0.0%	0.0% - 0.0%
Note: Details do not always sur	m to the total due to ro	unding.			

CHIP Eligibility Payment Errors by Type of Error

Table T28. Summary of CHIP Eligibility Active Cases Projected Dollars by Type of Error

Error Type	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Not Eligible	1,409	\$213,650.1	\$508.5	\$449.4	\$567.6
Undetermined	149	\$18,247.5	\$38.5	\$20.9	\$56.0
Eligible with Ineligible Services	12	\$1,061.2	\$7.4	\$0.9	\$14.0
Liability Understated	176	\$5,027.1	\$7.2	\$5.6	\$8.8
Liability Overstated	88	\$2,215.0	\$4.9	\$3.1	\$6.7
Managed Care Error, Eligible for Managed Care but Improperly Enrolled	6	\$252.3	\$0.3	\$0.0	\$0.6
Managed Care Error, Ineligible for Managed Care	1	\$168.0	\$0.0	N/A	N/A
Total	1,841	\$240,621.1	\$566.8	\$505.0	\$628.7
Note: Details do not always sum to the total due to rounding.					

Table T29. Summary of CHIP Eligibility Active Cases Overpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Not Eligible	1,409	\$213,650.1	\$508.5	\$449.4	\$567.6
Undetermined	149	\$18,247.5	\$38.5	\$20.9	\$56.0
Eligible with Ineligible Services	12	\$1,061.2	\$7.4	\$0.9	\$14.0
Liability Understated	176	\$5,027.1	\$7.2	\$5.6	\$8.8
Managed Care Error, Eligible for Managed Care but Improperly Enrolled	6	\$252.3	\$0.3	\$0.0	\$0.6
Managed Care Error, Ineligible for Managed Care	1	\$168.0	\$0.0	N/A	N/A
Liability Overstated	0	\$0.0	\$0.0	\$0.0	\$0.0
Total	1,753	\$238,406.1	\$562.0	\$500.1	\$623.8
Note: Details do not always sum to the total due to rounding.					

Table T30. Summary of CHIP Eligibility Active Cases Underpayment Errors

Error Type	Number of Payment Errors	Sample Dollars in Errors	Projected Dollars in Error (millions)	Lower Confidence Limit (millions)	Upper Confidence Limit (millions)
Liability Overstated	88	\$2,215.0	\$4.9	\$3.1	\$6.7
Eligible with Ineligible Services	0	\$0.0	\$0.0	\$0.0	\$0.0
Liability Understated	0	\$0.0	\$0.0	\$0.0	\$0.0
Managed Care Error, Eligible for Managed Care but Improperly Enrolled	0	\$0.0	\$0.0	\$0.0	\$0.0
Managed Care Error, Ineligible for Managed Care	0	\$0.0	\$0.0	N/A	N/A
Not Eligible	0	\$0.0	\$0.0	\$0.0	\$0.0
Undetermined	0	\$0.0	\$0.0	\$0.0	\$0.0
Total	88	\$2,215.0	\$4.9	\$3.1	\$6.7
Note: Details do not always sum to the total due to rounding.					

Table T31. Summary of CHIP Eligibility Negative Cases

Error Type	Number of Sample Cases	Percentage of Sample Cases
Correct	9,906	96.4%
Improper Termination	257	2.5%
Improper Denial	118	1.1%
Total	10,281	100.0%
Note: Details do not always sum to the total due to rounding.		

Appendix 5: Medicaid and CHIP Review Methodology

Medicaid and CHIP FFS claims were subjected to data processing review and, if applicable, medical review. Medicaid and CHIP managed care payments were subjected only to data processing review. If an error was identified during medical review or data processing review, states were given the opportunity to participate in difference resolution and appeal to CMS. Medicaid and CHIP eligibility cases were reviewed by states.

Medical Review Methodology

From a state's quarterly sample selection, detailed information on each sampled claim was requested from the state and copies of the relevant medical records were requested from the providers. The medical records were used to perform medical reviews on the claims to validate whether the claim was paid correctly. Each claim was assessed to determine the following:

- Adherence to state guidelines and policies related to the service type;
- Completeness of medical record documentation to substantiate the claim;
- Medical necessity of the service provided;
- Validation that the service was provided as ordered and billed; and
- Claim was correctly coded.

A medical review error is a payment error that is determined from a review of the medical documentation submitted, the relevant state policies, and a comparison to the information presented on the claim. The medical reviews consisted of reviewing sampled FFS claims for the errors listed in Table Appx.1.

Table Appx.1. Medical Review Error Codes

Error Code	Error	Definition			
MR01	No Documentation	The provider did not respond to the request for records.			
MR02	Insufficient Documentation	There is not enough documentation to support the service.			
MR03	Procedure Coding Error	The provider performed a procedure but billed using an incorrect procedure code.			
MR04	Diagnosis Coding Error	The provider billed using an incorrect diagnosis and /or DRG.			
MR05	Unbundling	The provider billed for the separate components of a procedure code when only one inclusive procedure code should have been billed.			
MR06	Number of Unit(s) Error	The provider billed for an incorrect number of units for a particular service provided.			
MR07	Medically Unnecessary	The provider billed for a service determined to have been medically unnecessary based upon the information regarding the patient's condition in the medical record.			
MR08	Policy Violation	Either the provider billed and was paid for a service that was not in agreement with state policy, or the provider billed and was not paid for a service that, according to state policy, should have been paid.			

Error Code	Error	Definition
MR09	Admin/Other	A payment error was discovered during a medical review but did not fit into one of the above error categories. The specific nature of the error is recorded.

Data Processing Review Methodology

Data processing reviews were also conducted to validate that each sampled payment was processed correctly based on information found in the state's claims processing system when it was adjudicated compared with the following:

- State specific policies and fee schedules in effect at the time of payment;
- Beneficiary enrollment; and
- Provider participation in the Medicaid/CHIP program.

A data processing error is a payment error resulting in an overpayment or underpayment that could be avoided through the state's Medicaid Management Information System (MMIS) or other payment system. Claims not processed through a state's MMIS were subject to validation through a paper audit trail, state summary or other proof of payment. The data processing reviews consisted of reviewing the sampled claims for the errors listed in Table Appx.2.

Table Appx.2. Data Processing Error Codes

Error Code	Error	Definition
DP01	Duplicate Item	An exact duplicate of the sampling unit was paid.
DP02	Non-covered Service	State policies indicate that the service is not payable by Medicaid/CHIP under the state plan or for the coverage category under which the person is eligible.
DP03	FFS Claim for a Managed Care Service	The recipient is enrolled in a managed care plan and the managed care plan should have covered the service rather than paid under FFS.
DP04	Third-party Liability	A third-party insurer is liable for all or part of the payment.
DP05	Pricing Error	Payment for the service does not correspond with the pricing schedule for that service.
DP06	Logic Edit	A system edit was not in place based on policy or a system edit was in place but was not working correctly and the sampling unit was paid (e.g., incompatibility between gender and procedure, or ineligible recipient or provider).
DP07	Data Entry Error	Clerical error in the data entry of the sampling unit.
DP08	Rate Cell Error	The recipient was enrolled in managed care and payment was made, but for the wrong rate cell.
DP09	Managed Care Payment Error	The recipient was enrolled in managed care, but was assigned the wrong payment amount.
DP10	Admin/Other	A payment error was discovered during a data processing review but

Error Code	Error	Definition
		the error did not fall into one of the above error categories. The specific nature of the error is recorded.

Difference Resolution

If an error was identified the state was notified and given an opportunity to review the documentation associated with the payment and dispute the error finding. An independent difference resolution review was performed to consider the state's information and to make a final determination. If the state determined additional review was necessary, the state could then appeal the error finding to CMS.

Errors that were not challenged by the states or upheld following the difference resolution and appeal process were included in the payment error rate calculation. If a payment error was found in both the data processing review and medical review for a specific claim, the total error amount reported was adjusted to not exceed the total paid amount for the claim, unless the underpayment amount exceeded the original claim amount, such as in the case of zero-paid claims.

Eligibility Review Methodology

After the sample was selected for each sample month, state PERM review staff performed eligibility reviews on each sampled case from the active and negative universe. Active and negative cases are separately reviewed. Each active case was reviewed for eligibility as of the last state action. The review focuses on caseworker action in order to ensure that the caseworker acted in accordance with state and federal policy based on the information available at the time of the last state action. Negative cases were reviewed to verify whether the recipient was denied or terminated from the programs correctly.

For each case sampled in the active case universe, claims data were collected for payments made on the behalf of the recipient for services received in the sample month and paid in that month and in the four subsequent months. These payments constitute the universe of payments affected by the eligibility review of the sampled cases. Because states perform the eligibility reviews, there is no difference resolution at the federal level for eligibility payment errors.

Upon reviewing a case to verify eligibility, states report their eligibility and payment findings based on the review finding codes in Table Appx.3. Cases can be found eligible, not eligible, undetermined, or eligible but with a payment error (e.g., a portion of the total payments for a reviewed case can be improperly paid, while the rest of the payments were made correctly).

Table Appx.3. Eligibility Review Finding Codes

Code	Review Finding	Definition
Е	Eligible	An individual recipient meets the state's categorical and financial criteria for receipt of benefits under the Medicaid/CHIP program.

Code	Review Finding	Definition
EI	Eligible with Ineligible Services	An individual recipient meets the state's categorical and financial criteria for receipt of benefits under the Medicaid/CHIP program but received services that were not covered under his/her benefit package.
NE	Not Eligible	An individual recipient is receiving benefits under the program but does not meet the state's categorical and financial criteria for the month eligibility is being verified.
U	Undetermined	A recipient case subject to a Medicaid/CHIP eligibility determination under PERM about which a definitive determination could not be made.
L/O-BP	Liability Overstated – Beneficiary Premium	The recipient paid too much toward his/her beneficiary amount.
L/O-SD	Liability Overstated – Spend Down	The recipient's spend down amount was calculated to be higher than it should have been and the state paid too little.
L/O-O	Liability Overstated – Other	The recipient paid too much toward his/her liability amount (e.g., cost of institutional care) and the state paid too little.
L/U-BP	Liability Understated – Beneficiary Premium	The recipient paid too little toward his/her beneficiary amount.
L/U-SD	Liability Understated – Spend Down	The recipient's spend down amount was calculated to be lower than it should have been and the state paid too much.
L/U-O	Liability Understated - Other	The recipient paid too little toward his/her liability amount (e.g., cost of institutional care) and the state paid too much.
MCE1	Managed Care Error, Ineligible for Managed Care	Upon verification of residency and program eligibility, the recipient is enrolled in managed care but is not eligible for managed care.
MCE2	Managed Care Error, Eligible for Managed Care but Improperly Enrolled	Recipient is eligible for both the program and for managed care, but not enrolled in the correct managed care plan as of the month eligibility is being verified.

Undetermined cases are included in the error counts and improper payments. Findings of undetermined occur when, after due diligence, evidence cannot be obtained to make a definitive determination of eligibility on a case.

Claim Categories

Claim categories are listed in Table Appx.4.

Table Appx.4. Claim Categories

Claim Category Code	Claim Category Description
1	Inpatient and Outpatient Hospital
2	Psychiatric, Mental Health, and Behavioral Health Services
3	Nursing Facility, Intermediate Care Facilities
4	ICF for the Mentally Retarded and Group Homes
5	Outpatient Hospital Services and Clinics
6	Physicians and Other Licensed Practitioner Services

Claim Category Code	Claim Category Description	
7	Dental and Other Oral Surgery Services	
8	Prescribed Drugs	
9	Home Health Services	
10	Personal Support Services	
11	Hospice Services	
12	Therapies, Hearing and Rehabilitation Services	
13	Habilitation and Waiver Programs, School Services	
14	Laboratory, X-ray and Imaging Services	
15	Vision: Ophthalmology, Optometry and Optical Services	
16	Durable Medical Equipment (DME) and Supplies, Prosthetic/Orthopedic Devices and Environmental Modifications	
17	Transportation and Accommodations	
18	Denied Claims	
19	Crossover Claims	
30	Capitated Care/Fixed Payments	
50	Managed Care	
99	Unknown	

Appendix 6: Statistical Sampling and Formulae

The sampling process for PERM follows a stratified two-stage design. First, all 50 states plus the District of Columbia were stratified into three strata of 17 states each based on historical total Medicaid FFS expenditures. The top strata consisting of the 17 states with the greatest expenditures were further divided into two strata: a nine state stratum of the largest expenditure states and a stratum with the remaining eight states. The states from each state stratum were selected by random sampling. States were selected to be reviewed on a three year rotation such that 17 different states would be reviewed each year and all states would be reviewed over a three year time span. This sampling of states constitutes the first stage of the sample. Within each sampled state the universe of claims was then further stratified. The sampled claims were subjected to medical and data processing reviews, as appropriate, to identify proper and improper payments. As a result of the reviews, state level error rates were calculated.

The state level error rate is estimated by this equation as:

$$\hat{R}_i = rac{\hat{t}_{e_i}}{\hat{t}_{p_i}}$$

In the equation, \hat{R}_i is the estimated error rate for state i; \hat{t}_{e_i} is the estimated dollars in error projected for state i and \hat{t}_{p_i} is the estimated total payments for state i. Then,

$$\hat{t}_{e_i} = \sum_{j=1}^{J} \frac{M_{i,j}}{m_{i,j}} E_{i,j}$$

and

$$\hat{t}_{p_i} = \sum_{j=1}^{J} \frac{M_{i,j}}{m_{i,j}} P_{i,j}$$

In these equations, $M_{i,j}$ is the number of items in the universe for state i in strata j and $m_{i,j}$ is the number of items in the sample for state i in stratum j. The ratio of items in the universe to items in the sample (i.e., the weight for that stratum, quarter, and state) is the inverse of the sampling frequency. Dollars in error in the sample for stratum j and state i, denoted $E_{i,j}$, is weighted by the inverse of the sampling frequency to estimate dollars in error in the universe for that stratum. For example, if there are 10,000 items in the universe in stratum j, and the sample size in j is 200 items, the weight for the dollars in error in the stratum j sample is 50 (10,000/200). The estimated total dollars in error are then added across each of the J strata to obtain total dollars in error for the universe. Total payments are estimated in the same way, where $P_{i,j}$ is the total payments in the sample in stratum j for state i.

Cycle-Specific Statistics

To go from the error rates for individual states to a cycle-specific error rate, each state is first benchmarked to its reported payments. Then, the error and payment amounts are summed across

the cycle states and divided to calculate the cycle rate. This ensures that the states' payment and error amounts will be proportional to the size of the state. In other words, a larger state would contribute more to the cycle-specific error rate than a smaller state.

The formula for the 17 state cycle error rate is as follows:

$$\hat{R}_H = \frac{\sum_{i=1}^u t_{p_i} \hat{R}_i}{t_h}$$

where:

 $\hat{R}_{\rm H} = 17$ state cycle error rate.

 t_{p_i} = total payments for state i.

 \hat{R}_i = estimated error rate for state i.

u = total number of states sampled in the cycle (17 for Medicaid and CHIP).

 t_h = total universe payments for the 17 states in the cycle.

Rolling National Error Rates

The rolling national error rates are calculated using the same approach as for the 17 state cycle error rate. In 2014, the rolling national error rates for Medicaid and CHIP are calculated from data sampled in 2012, 2013, and 2014. Each of the rolling error rates (i.e., total program, FFS, MC, and Eligibility) is calculated with the same methodology.

Data from 2012, 2013, and 2014 are combined and weighted by each state's expenditures from the year they were sampled. The formula for the rolling error rate is as follows:

$$\hat{R}_T = \frac{\sum_{i=1}^s t_{p_i} \hat{R}_i}{t_p}$$

where:

 $\hat{R}_{\rm T}$ = rolling error rate.

 t_{p_i} = total payments for state i.

 \hat{R}_i = estimated error rate for state i.

s = total number of states sampled (51 for Medicaid and CHIP).

 t_p = total universe payment.

Combining Claims Review Error Rates across Program Components

Combining the claims review payment error rates, (i.e., combining the FFS and managed care payment error rates for Medicaid) is relatively straightforward because the population payments are known from federal financial management reports. Note that CMS does not utilize true population payments in calculating state rates for each program component. The reason for this is two-fold. First, the combined ratio estimator used allows for correction in possible bias if the sampled average payment amount differs from the universe average payment amount. However, if CMS utilized a combined ratio estimator to combine the program components at the state level, one program component that realized high sample average payment amount compared to the universe average would have too much influence in projections. For this reason, combining program component rates using the shares of expenditures as weights reduces the variance in the estimates from this source. Furthermore, following this method allows the same method for combining program component claims review rates at the state, cycle-specific, and national level.

The following equations utilize the estimated state, cycle-specific, or national error rates calculated in the previous three sections.

Let the overall claims review error rate for Medicaid/CHIP be defined as:

$$\hat{R}_C = \frac{t_{p_{MS}} \, \hat{R}_{FFS} + t_{p_{MC}} \hat{R}_{MC}}{t_p}$$

where:

$$t_p = t_{p_{HS}} + t_{p_{MC}}.$$

In this equation, \hat{R} is the estimated error rate for FFS, managed care or combined (C), and t represents total payments for FFS, managed care, or the total, depending upon the subscript.

Payment Error Rate Formula

Sampled claims or cases are subject to reviews, and a payment error rate is calculated based on those reviews. The payment error rate is an estimate of the proportion of improper payments made in the Medicaid/CHIP program to the total payments made.

The national rolling error rate was computed using a separate ratio estimator, which combines the error rates from each state using the federally reported Medicaid/CHIP expenditures for those states. This method projects the improper payments and total payments using the sampling frequency of units from the state. State, cycle-specific, and national rolling rates are calculated for each program component—FFS, managed care and eligibility—and are also combined into an overall rate, representing the total error rates for the program at the state, cycle-specific, and national levels.

For the calculation of state level statistics, the error rate estimator is a combined ratio estimator. The numerator consists of estimated dollars in error in the universe, and the denominator is estimated total payments, both projected from the sample on the basis of the sampling weights (i.e., the inverses of the sampling frequencies). The sample is drawn from a universe that is divided into the strata relevant to that universe, as described above. The sample dollars in error and sample payments are weighted by the inverse of the strata sampling frequencies to estimate universe values. The sampling frequencies, which are the rates at which items were sampled, vary by stratum.

To calculate the cycle-specific or national rolling error rate based on the individual state error rates, each state is first benchmarked to its reported payments. Then, the error and payment amounts are summed across the cycle states or all 51 states and divided in order to calculate the error rate.

Eligibility Error Rate Formula

Three strata were defined for active cases: new applications, redeterminations, and all other cases. For cycle 2 states this year, between 324 and 972 cases were sampled from the active case universe, depending upon the state, its prior active eligibility payment error rate, margin of error, and state preference for changing sample sizes or remaining consistent with previous cycles. For the negative cases, considered as an additional stratum, between 132 and 792 cases were sampled per state, again, depending upon the criteria just listed for the active case strata but applied to the negative cases. Annual sample sizes were evenly apportioned throughout the 12 reporting months for both active and negative cases and strata. For MEQC-option states, there needed to be at least 42 PERM-eligible active cases per month that were stratified after sampling into the three active case strata.

Claims data were associated with each of the cases. The dollar value of eligibility errors assessed was based on the implications of the eligibility review for the validity of the claims associated with each case. For each state, the results of the reviews for each stratum were projected to the universe based on the sampling frequencies for each stratum in a manner analogous to that described above for the FFS and managed care errors.

The sample sizes for each state level component of PERM (i.e., FFS, managed care, active eligibility payment, and negative eligibility case error rates) were designed to achieve precision in the component error rate estimate at the state level of +/- 3 percentage points with a 95 percent confidence level, under the assumption that almost all of the underlying component error rates would be less than five percent, with managed care often less than three percent, and no state eligibility error rate exceeding about 15%.

A national rolling eligibility error rate was calculated using the same method employed in the FFS and managed care calculations. It is based on calculating an eligibility error rate for each of the 51 states, and combining these rates into an overall national rolling rate based on the share of expenditures for the program in each state.

Combining Claims Error Rates and the Eligibility Error Rate

After combining the FFS and managed care components into one overall claims payment error rate for Medicaid at the state, cycle-specific, and national rolling levels, these combined claims and managed care payment error rates are then combined with the respective eligibility payment error rates. The combining of the claims payment error rate and the eligibility payment error rate is referred to as the combined error rate. The following procedure is followed at the state, cycle-specific, and national rolling levels. That is, the claims payment error rates are combined at the state level and combined in separate instances at the cycle-specific level and then at the national level. The estimated combined payment error rate is given by:

$$\hat{R}_T = \hat{R}_C + \hat{R}_E - \hat{R}_E \hat{R}_C$$

where:

 \hat{R}_T denotes the estimated Total, or Combined Error Rate.

 \hat{R}_C denotes the estimated Claims Error Rate.

 $\hat{R}_{\scriptscriptstyle E}$ denotes the estimated Eligibility Error Rate.